# U.S. Army RESET Guide for Professionals

GETTING PREPARED, STAYING PREPARED

ARMY COMMUNITY SERVICE
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Real-Life Solutions for Successful Army Living

## *Acknowledgements*
## *U. S. Army RESET Guide for Professionals*
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OPERATION READY
Resources for Educating About Deployment and You

# U.S. Army Reintegration Readiness for Professionals

# PART I: Introduction

## 1.1 Purpose and Objective of This Professional Guide

The purpose of this guide is to provide direction to professionals who work with Soldiers, deployable DA Civilians, and their Family members as they welcome Soldiers/Civilians home from their deployments and redeployments. It provides a description of some of the dynamics involved as they renew their relationships with Family members or with friends. It focuses on what challenges and responsibilities lie ahead, given the long and multiple separations that can span several years.

Deployments are never easy for Families, Soldiers or deployed Civilians. Subsequently, being able to respond to their needs requires having a better understanding of their key challenges, sacrifices, and victories. The challenges faced and those overcome during the reintegration stages of the deployment cycle are outlined in this guide.

**The objective is to provide Family program professionals the following:**

- Information and guidance on how to help Soldiers, DA Civilians, and Family members transition during reintegration.
- Guidance on the key strategies Soldiers/Civilians and Family members use while preparing to manage issues and pressures surrounding reintegration.
- Important research and findings from Soldier and Family member surveys on reintegration and related mental health issues.
- Key resources and support tools available.

## 1.2 Organization of This Guide

This guide is designed primarily to assist Family program professionals in their work with Soldiers, DA Civilians, and Family members who are vulnerable to the challenges of reintegration. The intent of this guide is to provide information and guidance to professionals on the following areas:

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| Part I. | Explains the purpose and organization of the Guide. |
| Part II. | Provides contextual information highlighting the challenges Soldiers/Civilians and Family members have experienced post deployment. |
| Part III. | Discusses key factors that influence a Soldier's/Civilian's, deployed Civilian's, and Family member's "reintegration readiness," and practical strategies used by professionals to respond to their needs. |
| Part IV. | Emphasizes the importance of the Soldier's/Civilian's and Family member's "total health"—mental, physical, and spiritual healing and recovery. |
| Part V. | Highlights information and resources on the special issues that require interventions and restoration such as Traumatic Brain Injury, Post Traumatic Stress Disorder, Depression, Substance Abuse, Child Abuse, Domestic Abuse, Suicide, and Grieving. |
| Part VI. | Provides a summary of recommended interventions and supports for professionals to use in their work with Soldiers/Civilians and Family members. |

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| Part VII. | Describes the spectrum of resources available, focusing on reintegration care and support. |
| Appendix. | Includes information on the Deployment Cycle Support process, key points on sleep deprivation, and references. |

## Research, Key Points, and Resource Sections

**Research Findings.** The "Research Findings," sections highlight research and military survey results that document important information about Soldiers/Civilians and Family members in the context of deployment.

**Key Points.** The "Key Points" sections identify strategies for Soldiers/Civilians and Family members as they cope with the uncertainty of combat deployment and the pressures of the reintegration process.

**Resources.** Specific programs and resources are suggested by topic area within each Part, as appropriate, to serve as a quick reference guide. A detailed listing on available services is outlined in Part VII, "Resources—Spectrum of Support."

**Soldier and Family Comments.** This Guide also includes comments from Commanders, Soldiers, Family members, and Army Community Services (ACS) and other staff that participated in the RESET sensing groups, sponsored by Family, Morale, Welfare and Recreation Command (FMWRC), in 2008. A key purpose of the RESET evaluation was to determine what main tasks are necessary to facilitate the successful reintegration of Soldiers into their Families and their communities during the post deployment and reconstitution stages of the Deployment Cycle Support (DCS) process. *[For details on the DCS see Appendix]*.

The purpose of the RESET pilot is to establish a balanced process following an extended deployment that systematically restores deployed units to a level of personnel and equipment readiness that permits the resumption of training for future missions. IMCOMs purpose is to ensure Soldier and Family programs, as well as installation facilities and ranges, support the implementation of Army Force Generation (ARFORGEN). The end state to this three phase operation is: Soldier and Family readiness conditions are set for reintegration and deployment, transitional Family and single Soldier issues are mitigated, and Soldiers, and affected DA Civilians have resumed their regular duties and responsibilities. [Execution Order: IMCOM Reset Pilot (FY08) 14 Dec 07].

***In addition to fixing and replacing and upgrading our equipment and training for future missions, we also have to revitalize our Soldiers and Families by providing them the time and opportunity to recover from the cumulative effects of sustained operations.***
*—General George Casey, October 2007*

# PART II: Reintegration Preparedness—Background Information

**SOLDIERS, DEPLOYED CIVILIANS, AND FAMILY MEMBERS** use their Army experiences and pull strength from each other in order to adjust to the long repeated separations that are a result of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). There is no doubt that they are affected by this ongoing cycle of deployments and redeployments, in and out of combat. This perpetual cycle of the RESET phase of preparing for the next deployment is challenging for all Family relationships. Because this process is a feature of meeting today's operationally oriented demands of the Army Force Generation (ARFORGEN), Family program professionals must understand the needs of Families as they prepare and reset for deployment. Family program providers also must have updated information about Soldiers'/Civilians' and their Family members' perceptions and experiences. From this, implications for how best to support them may be predicted. This section briefly highlights experiences of those who have returned from OEF/OIF and Operations Desert Storm.

Army surveys reported that most Soldiers and their Families did very well with their first deployment and many did well with the second, third and fourth mission, despite the many challenges, adjustments and concerns they experienced (Orthner & Rose, 2006, NMFA, 2005). They have shown that it is possible to pace through life events, big or small, and cope successfully with them.

***...the majority of Army spouses are able to adjust to their reunions in an acceptable manner. These are adaptable and resilient families who rebound rather quickly to extended separations...having a strong marriage and family relationship is the single biggest predictor of how well and how long that reunion adjustment will take...***
*(Orthner & Rose, 2006a)*

## 2.1 Returning Home

Returning Soldiers/deployed Civilians and their Families have faced challenges throughout our country's history. Civil War Soldiers returned home with bodies ravaged by typhoid fever and undiagnosed injuries that lasted a lifetime. World War I Soldiers returned home with lungs burned by mustard gas and remembered sharing their food with children who had nothing to eat. WWII POWs watched their friends die in their arms from starvation. Post Traumatic Stress Disorder (PTSD) was known as shell shock. Many spouses and Family members saw their Soldier's distress demonstrated by substance abuse and reckless behaviors. Today, the rigors of technologically advanced combat and guerilla warfare in a fast-paced global era raise more complex challenges. Information travels quickly, and Families and Soldiers/Civilians alike are sometimes aware of both good news and sad news before any of it can be confirmed. Television and newscasts offer constant reminders of their experiences while deployed.

Soldiers and deployed Civilians return home changed by their war experience. Some fathers will embrace a baby they have never seen and will be fascinated that their preschoolers have evolved into a "big" first grader. School-age children will have become young teens, and high school seniors will be preparing for college or a job. Their spouse may have established a new network of friends, obtained a new job, and managed the demanding pressures of life as a "single parent."

While deployed, Soldiers/Civilians miss important Family celebrations and events such as birthdays, holidays, graduations, anniversaries and sporting events or recitals. Family members may resent the Soldier's/Civilian's absence and have feelings of anger, resentment, and disappointment about time lost. At reunion, they crave their attention when often the Soldier/Civilian needs time to decompress. They recall that their Soldier/Civilian wanted to be with them and probably is feeling just as frustrated and disappointed about missing these events as they feel angry or hurt.

***I just want to go home for the holidays…*** —RESET E1-E4 Sensing Group, 2008

Soldiers/Civilians may be resentful upon returning home when faced with a spouse's lack of financial responsibility during their absence, the children's poor school performance, lack of discipline, or general indifference. Meeting the needs of young children may take away from time that couples could be spending together.

***The most difficult adjustments came from changes in Soldiers' moods, restoring co-parenting, and learning to communicate again.*** *(Orthner & Rose, 2006b)*

Some Soldiers/Civilians may be afraid that they will not fit back into their Family, relationships or circle of friends. They may crave their Families' patience, understanding, and quiet conversation, and they might not necessarily know "why" they feel confused, anxious, nervous, and embarrassed about reconnecting when they get home. These concerns are realistic and need to be addressed.

Some Soldiers/Civilians and Family members, however, have grown tired of the long, difficult deployments—the long separations—the stress of repeated reunions and are dealing with issues that have the potential to create emotional distress. They may not be sure about what to share during Family conversation, how to adjust to intimacy, and how to make sense of a world that has changed at the same time that they have changed both emotionally and physically. Readjusting to the complexities of the civilian world for Guard and Reserve Soldiers and deployed Civilians is especially likely to be stressful and frustrating.

***Family members will be unsure about "who is in or out of the family" and renegotiate what role is played by each family member*** *(Boss, 2002).* ***This will be more accentuated for Guard and Reserve Soldiers as this transition will be part of the readjustment that will also take place within their communities and work place.***

For Soldiers/Civilians and Family members wartime challenges and issues are at once different and the same. Hope remains essential. Forgiveness for mistakes made is important. Watching out for one another is critical—Soldiers/Civilians, and Families depend on it.

Given the continuing operational environment of today's military, some Soldiers/Civilians will adjust more easily, while others will not. The Army Force Generation (ARFORGEN) process is used to manage the operational commitments of the Army forces to prepare, reset, and train both Soldiers/Civilians and Families who are faced with deployment in more rapid succession. The perpetual cycle of the RESET phase or preparing for the next deployment sets the Soldier/Civilian and Family readiness conditions. Further research will be needed to study the long-standing effects of reintegration. There is speculation that with early support and treatment an individual's recovery and healing time will be shortened. *[For details on special issues refer to Part V, Traumatic Brain Injury, Post Traumatic Stress Disorder, etc.].*

## RESEARCH FINDINGS—FAMILY MEMBER'S REINTEGRATION EXPERIENCES

**What are spouse reactions to reintegration?** Limited systematic research speaks specifically to reintegration challenges and deployment:

- The National Family Military Association (2006) reported that the most stressful stage is within the first 3 months of reintegration. Equally stressful is pre-deployment and mid-deployment stages.
- The Survey of Army Families (SAF V) in 2005 indicated that 47% of the spouses reported that "reunion" adjustment was not easy, following a deployment between 2001-2004 (Orthner & Rose, 2006).

**How do extensions of deployment affect military spouses?** (SteelFisher, Zaslavsky, & Blendon, 2008)

This topic has not been systematically studied by scholarly research, with the exception of this recent publication. The researchers obtained the data for this project through anonymous telephone surveys of spouses of active duty Army living in or near ten major bases, conducted in January and February, 2004. Responses were obtained from 798 spouses whose partners were deployed overseas at the time of the survey or had been deployed overseas since 9/11. Findings compare the 355 who experienced extended deployments with the 419 who did not:

- Spouses who experienced extensions reported higher levels of problems with mental well-being—more feeling of loneliness, higher levels of anxiety and more depression.
- In the area of employment, more spouses whose deployed Soldier experienced extensions scaled back their work hours or left a job.
- In the area of relationships, those who experienced extensions reported negative impact of the deployment on their marriages.
- Considering problems in operation of daily life, spouses who experienced extended deployment reported greater
  - o Difficulty in sending or receiving communication from their partner
  - o Trouble with household or car maintenance and
  - o Problems finding child care.

Insights for clinical care providers, policy makers and others who support Army Families:

- Extra support is needed during deployment and especially during extensions.
- Mental health support should be given priority.

Professionals may need to remind Soldiers, deployed Civilians, and Family members to seek help if they become concerned about their own mental health or the mental health of other Family members. Sources of help, depending on the severity of the problems, include the Chaplain, Behavioral Health, Military Family Life Consultants, Family Advocacy Program and other Army and civilian community agencies. *[For details on the spectrum of support, refer to Part VII]*.

# PART III: Reintegration Readiness—Family Support Strategies



**FAMILY READINESS** has been long regarded as critical to sustaining "mission readiness" of the military member. An analysis of previous research reveals that "Family readiness" characteristics included having a "strong community support system" comprised of Family, friends, and formal support from the unit, and military and civilian community services (Bowen & Martin, 1998, p. 3). Other characteristics included "prevention, personal accountability, and self-help" (Martin, 2000, p. 262). Another earlier study emphasized that to readjust, all Family members need to accept the fact that it will be nearly impossible to simply resume life as it was before the deployment (Bell & Schumm, 1999). Given the "Global War on Terror (GWOT)" there are a range of new factors to consider.

As Army life continues to change for Soldiers, deployed Civilians, and Family members given the current Army operational demands and RESET process, research needs to continue to determine what current factors contribute to Family readiness. Data is needed to determine the proportion of Families enduring severe problems, the varying severity of the problems, and the consequences. *[For details on special issues refer to Part V, Traumatic Brain Injury, Post Traumatic Stress Disorder etc.].*

Family readiness is clearly a challenge for some Soldiers, deployed Civilians, and their Family members as they endure multiple, long deployments spending more time separated than together. The readiness of many of these Families can be attributed to their extraordinary commitment to their relationships and Families, and commitment to "military life." Many Families, however, are feeling the stress of recent OEF/OIF deployments. With regard to reintegration, many spouses have reported in the Survey of Army Families (SAF V) that they do not have a chance to reintegrate, due to concerns about redeployment (Orthner & Rose, 2006). This theme was also reported by Soldiers in the RESET sensing groups:

***Reintegration is not conducive to a healing environment because you're down range 12-15 months, and then you have to RESET and start all over again.***
*—RESET E5-E7 Sensing Group, 2008*

An important aspect to helping Soldier's/Civilian's, and Family member's attain "reintegration readiness" is to learn from Families who appear to manage the deployment cycle with fewer problems. Research has revealed important characteristics that have been previously identified as contributing to overall Family readiness (Werber, Harrell, Varda, et al., 08). These characteristics include:

- Planning throughout the deployment cycle
- Maintaining optimum personal health
- Adjusting expectations, roles, and responsibilities (e.g., financial matters, discipline of children, career choices, independence, household tasks, etc.)
- Reestablishing physical and emotional closeness
- Mastering everyday communication and renegotiation strategies
- Using personal military life experiences to overcome issues
- Developing and sustaining sources of support, and
- Seeking support to heal from any anxieties or problems.

This section highlights the factors that influence the Soldier's/Civilian's and Family member's reintegration readiness. Although solutions to improve support are not simple, especially for Families with more severe problems, Family program providers can focus their attention on the following primary support strategies (Compiled from the following resources: Hardaway, 2004; NMFA, 2004/2006; Orthner & Rose, 2006; Ursanso & Norwood, 1996, Werber, Harrell, Varda, et al., 08):

- Provide information so Family members know what to expect and what to do at different points during redeployment stages of the deployment cycle
- Offer trainings/briefings at different points in time during post deployment and reconstitution stages acknowledging that some Soldiers and Families find web sites and resource materials to be sufficient support
- Conduct outreach to geographically dispersed Family members
- Facilitate social connections and
- Refer Soldiers, deployed Civilians, and Family members to appropriate education, counseling, and treatment resources. *[For details on the spectrum of care and support refer to Part VII].*

*[For further details a summarized list of interventions and support is listed in Part VI].*

## 3.1 Reconnecting—New Beginnings

The Survey of Army Families (SAF V) study highlights three interconnecting key factors that influence reintegration for Soldiers and Families (Orthner & Rose, 2006). First, adjustments in expectations, roles, and responsibilities are made. Second, during the deployment cycle different or new social connections have been formed, and increased freedom and independence developed within the relationship. Third, Soldiers and Family members pace themselves to reconnect physically and emotionally during reintegration.

**Expectations, roles and responsibilities:** Army Family members may not realize the degree to which their Soldier's/deployed Civilian's experiences in combat were life-changing. Everyone involved has changed and grown in different ways. Changes may be minor (altered routines or physical appearance) or major (having a baby, spouse new employment, or child starting college). As Families begin reestablishing their relationships, it is important for them to be aware of and acknowledge everyone's growth and new skills as well as each individual's challenges, contribution, and sacrifices made during the deployment. Because Family life events change when the Soldier/Civilian leaves and returns home, Families are not able to predict exactly what will happen after each deployment. It is important then for Family program providers to remind Soldiers/Civilians and Family members to keep expectations realistic. This paves the way for guiding them on ways to renegotiate roles, responsibilities, and priorities. They also need to be reminded that there may be doubts and worries, which is a natural part of the Soldier's/Civilian's return to their Family. Reminding them that while they rediscover ways to renegotiate issues such as finances, raising children, or newly found independence, they need to expect and accept that there will be a certain amount of conflict within their relationships. Relationships and roles re-develop overtime, as long as progress is evident to everyone. Just as during the deployment, talking openly about feelings and experiences, and fully acknowledging the other person's feelings are key communication skills that need to be practiced. *[For details on communication skills refer to the section 3.2].*

***It will take time to readjust roles and reestablish routines*** *(Faber et al., 2008).* ***Soldiers need time to gradually ease into their responsibilities at home*** *(Hoge et al., 2006).*

***You've changed, your kids have changed, your spouse is different. It becomes a problem when no one admits to the changes…it seems to work as long as you have someone to talk to.*** *—RESET E5-E7 Sensing Group, 2008*

***Everyone grows and changes with separation. Everyone is a little shy to come home, even if they don't admit it. Sometimes the relationships are better and sometimes they are worse. It depends on the situations.*** *—RESET Officer Sensing Group, 2008*

**Social connections and newfound independence:** The importance of establishing and maintaining community connections cannot be underestimated. The Battlemind Training System (07-09) supports this theme, reminding Soldiers/deployed Civilians, and Family members that "battle buddies" who were a source of support during deployment are often a primary source of support for the Soldier/Civilian once home. Similarly, spouses and other Family members who have coped well with deployment have probably developed a dependable support system (e.g., friends, Family Readiness Groups, faith-based organizations) and become involved in new activities. These important connections promote camaraderie whereby Soldiers/Civilians and Family members actively channel energy to help one another, especially in times of distress. This identification and closeness extends to volunteering and supporting both the civilian and military community. Family program providers need to facilitate avenues for Family members to connect with one another and to grow close again without giving up each person's individual growth.

***People are overwhelmed because they are not used to being an independent person and responsible for talking care of themselves. 9-5 is the attitude but it really is 24/7.*** *—RESET Senior Enlisted Soldier, 2008*

**Physical and emotional closeness:** Family service providers are well-positioned to explain that following a deployment, Soldiers/Civilians and Family members will need to accept that all parties will feel and act differently. They may be less interested in activities that were previously shared, may have difficulty trusting others, may avoid discussing or listening to deployment experiences, and may have problems conveying intimate or sexual interests. Compounding these potential issues, there are going to be times when everyone will feel emotionally and physically exhausted. They will be too tired, too irritable, too preoccupied with work or Family life, and/or have too many physical and emotional battle scars to be close to one another right away. This requires that less time is spent commiserating about life struggles and disappointments, and instead more time is focused on celebrating positive events. Most often successful reintegration results when Family members have a shared sense of commitment to maintain personal health and fitness, and reestablish relationships. *[For details refer to Part IV].* Guiding Family members to be sensitive to each other's needs in a compassionate way is an important first step. Family members need to be proud of and share their positive experiences, and respectfully listen to their Soldier's/Civilian's experiences throughout his/her redeployments. Doing activities together and spending quality time does influence the transition process. If problem areas emerge, careful attention to communication skills will become important. *[For details, see section 3.2].* This includes recognizing the impact of judgmental or defensive remarks, withdrawal, and ways Family members handle unresolved anxieties or challenges. Talking about more challenging unresolved issues may only create more frustration or distance.

It is essential that all parties be reminded to be open-minded, examining things from all sides in a genuine way. Forgiveness, "letting it go," and finding different solutions to any remaining problems may be the order of the day, but may be very difficult for some Family members. When partners understand that these potential concerns are not a reflection on their relationship, but rather part of the reintegration process they are experiencing, then relationships can "move forward." Importantly, taking action to get support at the earliest indication of need is a key message to share with Soldiers, Civilians, and Family members. A common response from Family members is reflected in the following statement:

***I feel so many different emotions. I want to get close but it is hard because we are preparing to PCS and don't have time to. And it is easier for me to stay distant so I will be better able to handle when he leaves again.*** *—RESET Spouse Sensing Group, 2008*

**The key roles of the Family program provider are as follows:**

- Identifying the concerns and needs of Soldiers/Civilians and Family members
- Sharing information and providing practical support
- Referring and ensuring access to resources and
- Providing emotional support (e.g., listening attentively, building their confidence, and helping to normalize their feelings).

Chaplains provide counseling support and sponsor programs such as Strong Bonds marriage retreats which are positively endorsed by Soldiers and Families. Army Family Advocacy also coordinates relationship programs. *[For details on key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support can be found in Part VII].*

## KEY POINTS: Common First Questions—For Soldiers/Civilians, and Family Members

Many Soldiers/Civilians and Family members express the need to be proactive by talking about their worries and concerns prior to the Soldier's/Civilian's return home, as well as upon return. It is important that they acknowledge that things will change, and if they are experiencing any difficulties they know where to get help. Children are likely to have questions that will need to be answered, and they will need reassurance from the important adults in their life.

**For the Family**

How are things going now that your Soldier is home?

What things are starting to feel normal?

Was my Soldier's return everything we thought it would be?

What, if any, are some of the stressors or concerns that you feel you are experiencing?

Will he/she want to spend time with me or their "battle buddies"?

**For the Soldier/Civilian**

Has my role at home changed after being gone for so long?

Are my Family members different from when I left? If so, how?

What will my relationship be like with my Spouse/partner now?

Will my Family members still love me?

Will my Family still need me?

Will my Family understand everything that I have been through during deployment and (possibly) combat?

Should I talk about my experiences to Family members and/or friends?

Will I feel like a stranger to my spouse, partner or other Family members—will they feel like strangers to me?

Do I need to worry about how my Family managed while I was deployed?

How will my injuries (physical and emotional) affect my Family?

Do I have concerns about finances of legal issues?

**For the Spouse and Adult Family Member**

Will my Soldier be different and, if so, how?

Will I/we need to change the way we've been doing things?

What will my relationship be like with my Soldier?

Will my Soldier still love me?

How do I handle the emotional letdown?

Will my Soldier appreciate everything that I went through to hold things together he/she was deployed?

Do I worry that our concerns will seem petty or insignificant compared to our Soldier?

Do I feel like a stranger to my Soldier?

Do I want to hear about what my Soldier may have experienced or had to do while in combat?

Am I concerned about future deployments?

When will things feel normal again?

**For Children**

Will I have to do things differently?

Will there be new or different rules?

When will Dad or Mom have to leave again?

Will Dad or Mom be different?

Will Dad or Mom like the things I have done or accomplished since they have been gone?

## 3.2 Communication—Reestablishing Relationships

Communication is a skill that is usually learned at a young age, and there is wide variance in communication styles. The distance maintained between the people who are talking —at arm's length or face-to-face; the volume of the voice—soft or shouting; the style—gentle, demanding or patronizing; and the expression of emotion are dependent on each individual's education, culture, and background. Some conversations are easy to participate in, while others require patience and considerable self-confidence.

People working and living closely together need to be able to put into words what they are thinking, get their message across, and say what they are feeling in a way that the other person will be able to "hear" in order to prevent problems from arising. The Survey of Army Families (SAF V) findings highlighted that personality, moods, as well as overall marital communication were some of the more difficult areas in relationship readjustment (Orthner & Rose, 2006).

The hurt feelings that usually result from misreading one another's moods or actions as personal rejections or criticisms can easily lead to unnecessary quarrels, stony silences, or feelings of alienation (Matsakis, 2007, p. 433).

**Empathetic listening:** The importance of empathetic listening and letting the person know they are heard cannot be overstated. Many Soldiers, deployed Civilians, and Family members may need to relearn how to use proactive strategies to strengthen their communication skills. Family program providers need to offer workshops and other forums/workshops so that Families have opportunities to practice healthy communication. *[Forums/workshops may be held as a supplement to a relationship program, or in support group settings]*. This list offers some suggestions on ways healthy conversations are practiced.

- Set aside time to talk without distractions, and set limits on the amount of time to discuss, taking a "time out" if needed.
- Check in regularly at the first signs of a problem, and only discuss the issue at hand rather than dredging up other past situations or problems.
- Listen and let the person know you understand. This requires a receptive frame of mind —hear the person's point of view, see it from their frame of mind, and acknowledge their opinions.
- Clarify how the other person feels: "I was wondering if what you are feeling is..."; Do not tell the other person how they should feel: "let it go,""get over it,""there you go again whining…," or "that's just wrong."
- Reframe the information— "put into words" the information that matches the level of understanding of the person being spoken to. Clarify what you think the person is saying: "Let me see if I understand you correctly. You mentioned…"
- Avoid placing blame on the other person or being impatient with the other person's inability to "put their message into words." Discuss how past problems were managed, drawing on what worked successfully: "What experiences have brought about positive change?"
- Take responsibility for your own feelings and actions: "You matter to me."; "My problems, moods… are not your fault."

- Try to be diplomatic and straightforward, but avoid forcing conversation about combat or other trauma—there are no rules about how much detail needs to be shared at a single moment in time. Some partners may not be ready to talk, or listen, especially to graphic details.
- Do not make degrading comments.
- Monitor non verbal messages—defensive or angry postures, eyes filling with tears, frowning, looking away are important cues that the other person responds to.
- Be spontaneous—know when to be silly or serious, but always show kindness.
- Specify the desires and the specific behaviors willing to be changed. Recognize that unresolved intense feelings (e.g., confusion, fear, hopelessness, guilt) may reflect a more complex medical or mental health problem, requiring professional support. It is important to realize this and not take intense verbal attacks personally.
- Rethink—use insight, intuition, and common knowledge to express thoughts and feelings without judgment.
- Try to always end conversation with a hopeful statement or compliment.

## KEY POINTS: Communication—What to Know—What to Do

**For Soldiers/Civilians and Family Members**

**Use empathetic listening:** Hear yourself as though you were in the listener's place. When you try to understand the other person's point of view, you are in a better position to phrase your message so that it is easier for the receiver of the message to understand it. Clarify with them what you hear them saying and pay attention to their feelings.

**Recognize the impact of stress on communication:** Stress has a huge impact on communication. It is important to control levels of frustration and guard against being curt, sarcastic, impatient, or defensive. This will be especially true during the first few months the Soldier/Civilian is home, and still "running on adrenaline" or if PTSD is present. Arguments can reach levels that can frighten both spouses and children, and even escalate into violence. It is a good plan to work hard to keep everyone's level of frustration as low as possible —avoid sarcasm and minimize name calling or reacting in ways that allow arguments to escalate into physical confrontations.

The following suggestions can help minimize problems:

- Remind each other that you really do want to hear about each others lives during the deployment.
- Set aside a good time to talk without distractions; you will need to be prepared to listen to whatever they want to talk about.
- Listen with compassion, even about what may seem to be minor to you.
- Respect each others experience; avoid the trap of saying "I had it harder than you did."
- Know that "how" things are said is as important as "what" is said; focus on face-to-face versus texting and emails.
- Talk, do not shout.

- Own your feelings — use "I" statements such as, "I am afraid that you will leave me" rather than, "You just want to be with someone else."
- Refrain from telling members of your Family how you think they feel. Let them tell you what they think and feel.
- Make eye contact.
- Avoid intimidating gestures or body posture.
- Brainstorm a list of possible solutions to difficult challenges. Do not reject any ideas out of hand without looking at what might be good about them.
- Respect the opinion and position of each Family member.
- Make a list of pros and cons for each possible option, and review each practical option.
- Review each possible solution and decide if each one seems fair, safe and will work to make progress on the issue at hand. If consensus is not possible, think about the best compromise that gives each person the most of what they want, and does not ask anyone to give in too much.
- If these suggestions do not work, consider asking a professional for help. Practical solutions can usually be found.
- Follow-up regularly to prevent problems "down the road."

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**Communication between gender:** There are often differences between how men and women communicate with each other. Marital distress is often a result of people being unaware of the complex factors involved when they attempt to talk to each other about significant issues. Men and women's styles of communicating are, for the most part learned during childhood. These are modified to some extent during their learning years, however their style of communication is likely to retain much of their socially-learned, conditioned background. For an example, men may believe that talking about feelings or emotions is for women, and be extremely uncomfortable when asked how they feel. Women may wrongly attribute a man's silence to insensitivity or callousness. Both genders may stereotype each other, and dismiss their partner's honest attempts at conversation as "just like a woman" or "just like a man."

How men or women communicate in a person's Family of origin is likely to be more influential than what they have recently learned. Men may want to protect women from hearing about harsh or painful events; women may not want to talk about "women's things" with men. Men are often more comfortable talking with other men; women with other women.

**Other cultural factors come into play.** Although Army culture provides Soldiers/Civilians a common background for communications on-the-job, when they return to their homes, Soldiers/Civilians and their Families most likely communicate in ways that are strongly influenced by the background, culture, ethnicity, personality, personal history, and societal expectations of each Family member. Army Families are highly diverse: multi-ethnic, multi-racial, varying faith traditions, differing economic and regional backgrounds, and varying ages, educational levels and life-experiences. Developing attentive and empathic listening and response skills enable these differences to be bridged. People are also sensitive about different things. Understanding each Family member's background, and what the topic means for each person, is essential.

## KEY POINTS: Communication and Stereotypes

**The following suggestions can help:**

- Remember that your Family member is a unique individual who is entitled to respect. Respect cultural, ethnic, and background differences.
- Listen with empathy and keep an open mind. Even silence means different things to different people.
- Avoid dismissing what is said simply because it was said by a person of the opposite gender.
- Respect each other's reluctance to talk, the timing might not be right. If the topic is important, another opening will arise.
- Privacy can be important, depending on the topic.
- Take sufficient time to talk, avoiding distractions such as television or gaming.
- If you are not sure that you understand what your Family member says, ask him/her.
- Everyone needs a chance to talk and to listen to what is said, and discussions, even about emotional topics need to be respectful and positive.
- Respond in a way that helps your Family member know that you care.

*Note: The principles of communicating between genders applies to communicating between generations and cultures.*

**Shared experiences:** While "talking to each other" is crucial to successful reintegration and reestablishing strong Family relationships, several characteristics of a combat deployment may make it difficult for everyone to do this well after the Soldier/Civilian has returned home. During combat, controlling emotions is a necessary survival skill. Sometimes controlling emotions is important at home, as well. However, when Soldiers/Civilians unnecessarily restrict their emotions at home, this interferes with rebuilding emotional connections and intimacy. Soldiers/Civilians may or not be able to talk about what happened during combat. In interviews with Soldiers, some stated that it is difficult to talk with their spouses, and others mentioned that they are least likely to talk about their experiences with their parents.

***Nobody wants their parents worrying.*** *— RESET E1-E4 Sensing Group, 2008*

***Spouses sometimes don't understand why you don't want to talk about what you did. You just want to talk with your buddies or your Dad or someone who was there. It helps when they know that.*** *—RESET E5-E7 Sensing Group, 2008*

***It is difficult sometimes...a lot of the time to really talk. I know not to push hard. I know he wants to talk to his buddies. It's like when women want to talk with other women about birth stories.*** *—RESET Spouse Sensing Group, 2008*

Soldiers/Civilians may be used to sharing only positive news with their Families, so as not to worry them, while sharing what they are really going through only with their combat buddy or other unit members. Likewise, their spouse/partner and other Family members will have learned to rely on friends and each other for emotional support. Learning to trust each other again and have the desire to share sensitive experiences is a process that takes time and commitment.

Sometimes, grandparents, former spouses or other Family members have taken on the role of parenting of children during deployment, and it is important for the Soldier/Civilian to listen carefully to them as well. These conversations may be hard. They might be relieved to return the responsibility for the children's care to the Soldier/Civilian, but they will also miss them and wonder about how they will adjust to the reunified Family. If the children have had any trouble in school or have been ill, these issues need to be constructively discussed.

There is a continuum of education and outreach opportunities for Soldiers/Civilians and Family members. The Family Advocacy Program (FAP) offers a range of relationship skill building seminars, trainings, and support groups. Military Family Life Consultants (MFLC) augment existing support, providing a range of life skills information and services, tailored to individual needs with flexible delivery options. Chaplains provide a variety of counseling support and sponsor programs such as Strong Bonds marriage retreats which are positively endorsed by Soldiers and Families. *[For details on key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support can be found in Part VII].*

**Relationship distress:** It cannot be assumed that all or even most combat Soldiers/Civilians have a problem with anger control. The viewpoint of some is that their training and experience such as learning how to react quickly for survival in combat, does make it difficult to unlearn these tendencies after deployment. Soldiers who exhibit intense feelings or an "alarmed state," especially for those who may have PTSD, depression, or other mental health issues tend to act more strongly to stressors in their lives. Intense anger or rage reactions need to be handled sensitively and with professional support.

Although an alarmed state may be useful in combat it may create "havoc in civilian life, especially in intimate relationships" (Matsakis, 2007, p. 195). In relationships this may result in sensitive questions and conversations that may trigger intense emotions and an alarm state. Experiences described by spouses in counseling depict that the veteran is more apt to display anger through "cutting remarks," or where people are cursed or Family members are "put down." When criticism, yells, or screams occur on a regular basis, over time Family members "tune one another out." Clinical observations suggest that suppression of intense anger can lead to a build up and can result in more extreme outbursts. In some cases, anger can emerge dramatically with not only the persistent verbal outbursts, but with acts of physical aggression such as throwing or slamming objects. If these behaviors continue they may escalate. These are indicators that Soldiers/Civilians and their Families need to be referred to skilled professionals. *[For details on special issues, or child or domestic Abuse, refer to Part V].*

Like their Soldier, partners who suffer from anger or resentment can experience increased stress which may result in physical or addictive problems. A recent study indicated that Spouses and Family members of veterans experiencing PTSD are at increased risk for experiencing psychological and marital distress (Renshaw, Rodriques, & Jones, 2008). Female spouses whose Soldiers did seek help provide some insights. The spouses described situations where their husbands seemed to be "set off easily." These unexpected and frequent outbursts must not be the dominate behavior displayed over a prolonged period of time. *[For details on key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support can be found in Part VII].*

The following statements made by spouses reflect the pressures some Soldiers experienced. It is important to note that single Soldiers may feel that their Family and friends do not understand what they have been through.

***It's hard to work on my own issues or the kids but we can't let his moods hurt us. It is up to all of us to redirect ourselves. I am learning to listen and not be hurt so easily…and not listen to all the opinions of other spouses.*** *—RESET Spouse Sensing Group, 2008*

***He won't talk about what happened over there. And it makes him get almost more mad or he just walks out.*** *—RESET Spouse Sensing Group, 2008*

***I generally keep my anger inside, to keep peace, but it eventually emerges.***
*—RESET Spouse Sensing Group, 2008*

## KEY POINTS: Taking A Chance to Talk About Difficult Issues—For Soldiers/Civilians and Family Members

When more intensive feelings emerge, the healing process can become more complex in even healthy relationships:

**For Spouses/Civilians/Family Members**

- Know it is easy to feel discouraged when the Soldier/Civilian does not seem to respond to the efforts of trying to be emotionally close—sharing deep feelings and concerns about themselves or the relationship.
- Recognize that the assurance you need from the Soldier/Civilian may not be because you did something, but that in the emotional moment deep feelings can trigger the inability for the Soldier/Civilian to respond appropriately. The Soldier/Civilian may respond with sarcasm or other forms of anger, withdrawal, or inattentive behaviors. If the Soldier/Civilian is aware of this disappointment they may begin to feel more inadequate or more ashamed which in turn can create more pain or stress.
- Avoid harboring unresolved anger or resentment that can generate more distress.

**For Soldiers/Civilians**

- Act on this by getting help to deal with any difficulty in achieving emotional closeness.
- Work out even subtle mistrust, jealousy, or bitterness.

## 3.3 Commitments—Intimacy

During the deployment, partners needed reassurance that their spouse/partner was committed to the relationship, and these reassurances are still important post deployment. Yet after a long deployment and the changes that both Soldier/Civilian and Family members have each gone through, couples may feel like strangers. Intimate relations may present their own challenges whereby anxieties surface regarding affection, romance and sexual activity. There may be the urgent need to try and "make up for lost time" by rushing into sexual relations. Urgency, impotency, lack of awareness of the partner's needs, confusion between the need for sex and the need for closeness may need to be addressed. Couples may need to approach sexual activity slowly, with gentle touching, cuddling and romance before sexual activity is satisfying to both individuals. The Survey of Army Families (SAF V) findings noted that the process of reestablishing marital intimacy was easier than other factors of readjustment (Orthner & Rose, 2006). Battlemind Training and other training the Soldier receives prior to return points out that partners need to openly and honestly discuss any issues about trust or jealousy involving their spouses. It takes time to reestablish or develop the emotional and physical intimacy necessary to have a healthy sex life. It requires personal and relationship satisfaction for both partners.

Most marriages survive deployments but loyalty and commitment must be mutual before a successful and resilient marital relationship is reestablished. For some, re-kindling that spark will be easy, while for others it will take a little longer—couples need to allow each other space, and refrain from assuming anything. Sometimes apologizing to the spouse or girlfriend/boyfriend is a great first step in healing any misunderstandings brought about by distance. Alcohol use, children awake, parents nearby, unresolved hurt and anger, distrust, fear of unintended pregnancy can all get in the way of physical intimacy. If infidelity is a concern or an identified problem, professional assistance is critical, because of the high emotional impact of this sort of disclosure. A starting place is with Military Family Life Consultants (MFLCs) or Chaplains, as well as Behavioral Health, and community agencies. The Battlemind Training teaches Soldiers and their Families about readjustment issues and mental health problems they could face after a deployment, identifies warning signs, and indicates how to get help. This training for Soldiers reportedly has helped with the identification of post traumatic stress symptoms, and other mental health issues. The companion training for Family members is (OPREADY) Spouse Battlemind Training, Helping You and Your Family Transition From Deployment. Web site: www.battlemind.army.mil. *[For details on key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support can be found in Part VII].*

### RESEARCH FINDINGS—SEXUAL INTEREST

Sexual activity for those who experience combat can be very different (Matsakis, 2007).

- Combat experiences such as wartime memories or survivor guilt may diminish or alter the ability to have mutually satisfying sexual activity.
- Others may be preoccupied and experience intense sexual needs.

### KEY POINTS: Renegotiating Relationship Commitments—For Soldiers/Civilians and Family Members

It is important to set the stage for intimacy.

- Communication is an important tool to reestablishing intimacy.
- Take the time to talk to each other and get to know one another again. Holding hands, kissing, and embracing are ways of communicating emotional love. "Physical touch can make or break a relationship."
- Let your partner know how you feel, even your negative feelings, and take the time to really listen to your partner.
- Inform each other of your desires and needs. It is one of the best single methods of reestablishing sexual intimacy.
- Communicate your love to your spouse. "Requests give direction to love, but demands stop the flow of love."
- Recent reviews from surveys with Soldiers/Civilians and spouses indicate that marital intimacy was not so difficult, but sustaining positive marital communication was.
- Ease into readjusting to being together again, and enjoy each other's company in non-sexual ways before resuming your intimate sexual relationship. Court each other and allow each other to work on intimacy.
- Reprioritize your personal well-being, recharging yourself physically, mentally and spiritually.

## 3.4 Family Discord

Military Families face unique stressors that are found much less commonly in the civilian community. Marital challenges include frequent and often lengthy service member absences due to training and long term deployments, geographic separation from the couple's Family of origin, and a demography that is relatively young. Because most military Families reside in civilian communities surrounding the installations, or in sometimes geographically dispersed locations (especially for the National Guard and the Army Reserve), their community dynamics can be either protective or destructive to Family integrity and function (EPICOM, 2002).

When Family discord is present prior to deployment, it is likely to be present when the Soldier/Civilian returns. When dynamics of power and control are present in a couple's relationship prior to deployment, these may escalate during the reintegration period, because the controlling partner is unlikely to have changed, and the other partner is likely to have become more independent and may be less willing to remain in a victim role. When this occurs, conflicts about financial control, independence, relationship roles, and decision-making can readily escalate into destructive behaviors, including violence. Threatened or recent separation, and infidelity issues are high-risk events that can lead to violence. *[For details on Domestic Abuse, refer to Part V].* Chaplains, Army Community Service (ACS), Family Advocacy Program, Military Family Life Consultants (MFLCs) and other Army and civilian agencies are always ready to assist Families who exhibit unhealthy and risky

behaviors that may lead to martial discord or domestic abuse. *[For details on key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support can be found in Part VII].*

## RESEARCH FINDINGS—SEVERE MARITAL DISCORD (INFIDELITY)

One issue that normally results in severe marital discord is infidelity. Soldiers and spouses have always been concerned about their spouse remaining faithful in their absence. In nearly all cases, they remain faithful. In a few cases, they do not. There are many factors involved in infidelity and there are many types of infidelity. Healing from its destructive effects, including hurt, grief, anger, betrayal, shame, and guilt takes time (Hertlin & Weeks, 2003). The involved partner needs to provide a sincere apology and a commitment to change, the purpose of which is to make an attempt to repair the relationship.

Some factors involved in infidelity include:

- Loneliness and emotional need: The need for someone to talk to, be close to, to protect them or relieve their fears.
- Anger: Expressing resentment towards the spouse, sometimes with a desire to retaliate.
- Lack of inhibition or restraint: Due to drinking, drugs, peer pressure, or being with the wrong crowd.
- Lack of experience: Being tricked into a compromising situation and not knowing how or having the strength to get out of it; or being taken advantage of by a person who is older, smarter, or more experienced.

Three types of infidelity:

- Emotional: Investing energy, time, and intimacy to the extent of excluding the primary partner. This can include internet flirtations and using personal web sites in ways that betray a spouse, especially when the person does not want their spouse to read what is written, or know what they are doing.
- Physical: Sexual relationship with a person outside of the primary relationship. This can involve a range of physical relationships.
- Composite: Combined elements of emotional and physical infidelity (Hertlein & Weeks, 2007).

Infidelity issues are challenging, especially for young couples. Often, an immediate disposition is for the couple to separate or divorce because they react in the moment. They are not necessarily looking at a life long commitment to the relationship. Some, even if the infidelity is not discovered, are deeply ashamed of what they did in a moment of weakness. They may experience strong guilt feelings and may withdrawal from the relationship. Some people choose to "turn off" their feelings. The circumstances become so excruciating that consciously or unconsciously they dissociate in order not to feel the pain. These mental health issues must be addressed through professional support in order for the couple to restore their personal well-being, and perhaps their relationship.

The reactions of betrayed partners include rage, loss of trust, decreased personal and sexual confidence, damaged self-esteem, fear of abandonment and a surge of justification to leave the spouse. These reactions often lead to more misunderstandings, and personal and relationship neglect. When a disclosure of infidelity is made to a spouse who is under the

influence of alcohol, or is dealing with PTSD or an emotional disorder, or is over-stressed, the results can be catastrophic. Behavioral health professionals must become involved.

The uninvolved partner will need to stop seeking revenge or demanding justice, and learn to forgive and the involved partner needs to provide a sincere apology and a commitment to change—the purpose of which is to make an attempt to repair the relationship (Lagree, Turner, & Lollis, 2007; Rotter, 2001). Seeking help does not mean that infidelity is condoned or accepted, but that empathy, humility, re-commitment to the marriage, forgiveness, and hope can heal. For a marriage to rebound after infidelity has occurred, each partner must be committed to work on changing the dynamics of the relationship. Marriage counselors or other professionals (e.g., Military Family Life Consultants [MFLCs], Chaplains) can assist in helping couples work through unresolved issues to find practical resolutions.

It is important to know that some studies point out that many currently happily married spouses have had, in the past, extended periods of marital unhappiness, often for quite serious reasons, including alcoholism, infidelity, verbal abuse, emotional neglect, depression, and illness (Waite et al., 2002). Marriages can survive infidelity providing the couple is committed to change.

***If you have strong relationships before deployment and things are not on the rocks, then when you come home it's okay…and it is hard talking again. It was easier before coming home.*** *—RESET E5-E7 Sensing Group, 2008*

### RESEARCH FINDINGS—STATISTICS ABOUT HAPPINESS AFTER DIVORCE

Studies have been conducted to understand the impact of marital satisfaction and divorce rates (Waite et al., 2002).

- Two out of three unhappily married adults who avoided divorce or separation ended up happily married five years later.
- Divorce did not reduce symptoms of depression for unhappily married adults. It did not raise their self-esteem or increase their sense of mastery, on average, compared to unhappy spouses who stayed married.

## 3.5 Reconnecting with Children

Reintegration brings about many challenges and everyone in the Family is affected, including children. It is important to remember that in general, children do not have the capacity to process or understand life events in the way that adults do. For example, there are many key points to anticipate during the reintegration as the Soldier/Civilian arrives at home station – administrative briefings, training, counseling, medical evaluations, integration into the Family, community, and civilian job. While adult Family members may be resilient, all the change and uncertainty can be overwhelming for children.

Children's reactions will differ according to age, personality and individual coping styles as well as the quality of relationship a child had with the Soldier/Civilian prior to deployment.

Other factors that may influence a child's reactions to deployment include their perception of the deployment. Keep in mind that children will have an adjustment period, and will feel all the same confusing emotions that adults do: happy, nervous, anxious, distant, etc. Young children usually need time to rebuild their relationship with the parent-Soldier/Civilian and may act as if he/she is a stranger. School age children may need lots of attention and appear infatuated. Teenagers may feel mature, moody, or resentful towards the absent parent who may appear to not understand just how grown up they are.

Because children are so aware of their parent's emotions and behavior it is vitally important that parents and other caregivers maintain a healthy lifestyle and nurture their own body, mind, and spirit. Healthy living reduces stress and generates happiness within the entire Family, all the while providing a positive role model for children and youth.

Post deployment adjustments can also include struggles related to the aftermath of combat, trauma, or even death. Similarly to adults, children can be on emotional overload. Some may believe that their perfect behavior can heal the Family problems. Others act out. In both instances the powerlessness to fix the Family problems can in fact cause emotional problems in the form of low self-esteem, depressions or acting out behaviors. Professional help is beneficial. Counselors offer both individual and/or Family sessions and community support groups can be found for children, teens and Families.

Additional information on children and reintegration is covered in the OPERATION READY U.S. Army Deployment Support Handbook: Children and Youth. Included is a detailed list of available resources. *[For details on other key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support can be found in Part VII].*

## RESEARCH FINDINGS—CHILDREN'S REACTIONS TO COMBAT DEPLOYMENT

Research on the effects of combat deployment on children, and especially specific to reintegration, are limited. Further research on the long-term effects of deployment is necessary to address this important issue. A few highlights are presented here.

- The effects of deployment on children and youth are determined in part by parent's reactions and ability to cope. Many children adjust to the challenges of deployment with parental support. When problems do develop, other Family stress factors are typically present (Cozza, Chun, & 2005; Hardaway, 2004; Huebner & Mancini, 2005; Orthner & Rose, 2006). A recent 2008 finding, which used parents and childcare providers as informants, indicates that some young children (ages 3- 5) exhibit behavioral responses absent their parent's stress or depressed symptoms (Chartrand, Frank, White, & Shope, 2008).
- Adolescents who experienced OIF/OEF deployments talked about deployed parents not recognizing the changes that the adolescent (and Family) had made. Adolescents also indicated being worried about how the deployed parent had changed, and what different rules might be imposed upon the parent's return (Huebner & Mancini, 2005).
- Adolescents reported that friends and Family were helpful in providing opportunities to talk and engage in activities, which mediated the potential negative effects (Huebner & Mancini, 2005).
- In interviews, children's fear of the risk of possible death of their parent was disproportionate to the percent killed in Iraq. These fears may be exacerbated by the high media coverage of the war (Cozza, Chun, & Polo, 2005).

### KEY POINTS: Connections with Children—For Soldiers/Civilians and Family Members

There is seldom one right answer or one way to deal with the challenges that deployment brings to children. Based on the experiences of Families who have gone through deployments, here are some ideas to keep in mind. Children's behavior can run the gamut from consistent "normal" behavior, to regressing to younger behaviors, to aggressive acting out behavior that tests everyone's limits. It is important to consider the developmental transitions that have taken place given the parent's separation of 12-15 months from their child's life, whether their child is an infant, a toddler, a pre-schooler, school aged, a teenager, or young adult.

- Take care of yourself—avoid being overly stressed —be patient and calm.
- Nurture a trusting, supportive relationship. Take more time to talk, hug, and cuddle.
- Create a sense of connectedness between the deployed parent and the children, ensuring quality time together.
- Participate in daily routines of infants, praise the work of toddlers, play fun activities with preschoolers, talk with school age children, and find out what is going on in the lives of teenagers.
- Keep discipline routine and rules as consistent as possible.
- Recognize that children may test the limits or rules.
- Foster effective communication skills.
- Include children in decision making processes related to changes in roles, responsibilities, and routines. This helps foster critical thinking skills.
- Model ways of managing ambiguous feelings.
- Seek support from Family, friends, the community, and professionals.

## 3.6 Financial Concerns

Finances always seem to be a challenge or concern for many Soldiers/Civilians and Family members even in the best of times. Financial problems can be one of the most difficult challenges during reintegration, adding more tension to an already stressful time. Money is one of the most common sources of conflict reported among married couples. However, with planning and teamwork, plus some discipline and communication, money management can be improved. Most of the problems in money management come through failing to distinguish between wants and needs, failing to set goals and priorities, and not making wise choices throughout the entire deployment cycle, not just during reintegration.

While deployed in a combat zone, Soldiers/Civilians were earning additional pay that has now been discontinued. If Soldiers/Civilians and their Family members have become reliant on these funds, especially to meet regular budget needs, they will all need to re-plan their spending. Getting into debt is easy to do, especially after Soldiers/Civilians return from deployment, due to the combination of a decrease in pay and the likelihood of excessive spending in an effort to "make up for lost time" or enthusiastic gift-giving in celebration of the homecoming. Impulsive spending is a common occurrence. Soldiers/Civilians and the spouse or Family members left in charge of finances need to ensure that everyone is comfortable with the financial management plan.

***We need a block of classes before getting on the plane, especially financial advice as so many come home and buy a new car before hearing anything.***
*—RESET E5-E7 Sensing Group, 2008*

***We tell them over and over about being careful with their money and they don't listen. It doesn't hit them until they have a problem.*** *—RESET Officers Sensing Group, 2008*

Family program providers need to be aware of the different types of spending patterns—rational versus impulsive, and forced versus compulsive.

Planned or rational spending is well thought-out and controlled and indicates that the spending was carefully researched before taking action. Rational choices are the quickest path to achieving goals and financial stability.

Impulsive spending is acting without deliberation (unplanned spending). Buying on impulse is the most frequent trap that people fall into. An impulse choice is one that is made on the spur of the moment, with little or no thought. It is making a purchase in response to a sudden, unexpected urge to buy something or a sudden increase in income as may occur with deployment. Most impulse choices are neither needs nor wants and do not help to achieve goals. Nine out of ten times, if given time to think about it, the same choice would not be made. Financial literature indicates that the effects of impulse purchases, the urgency to substitute shopping for dealing with unmet needs commonly results in feelings of anxiousness and guilt, not power.

Forced spending means having to make purchases that were not planned for. This type of spending can be particularly difficult if there have been other changes in Family circumstances. For example, the birth of a baby, Soldiers/Civilians returning with injuries or disabilities that may affect future earnings, or a spouse quitting work during the deployment to care for the children.

Compulsive spending is sometimes described as chronic buying that is addictive. A person who is a chronic buyer is unable to stop or moderate their spending choices. Compulsive spending may produce short-term positive feelings, but ultimately disrupts life and produces negative consequences. Compulsive behavior is described as:

- Physical and/or psychological dependence on the substance or activity
- Occasional loss of control regarding the behavior and subsequent interference with normal life functioning
- Presence of a drive, impulse, or urge to engage in the behavior
- Denial of the harmful consequences of continuing the behavior, and
- Repeated failure in efforts to control or modify the behavior.

It is used as a mechanism by some to cope with stress such as a spouse who is deployed, escape demands, or overcome unpleasant situations. With compulsive spending, it is not the "stuff" that it craved, but rather the activity of buying the "stuff".

The OPERATION READY Pre-Deployment Training highlights detailed information on financial management (e.g., planning deployment spending, making financial choices, thrift savings benefits, predatory lending practices). Army Community Service, Financial Readiness program provides counseling, basic education, and referrals for emergency assistance as needed. *[For details on other key resources refer to the end of Part III, and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

### KEY POINTS: Finance Strategies—For Soldiers/Civilians and Family Members

- Understanding financial management and how to budget is an essential part of reintegration preparedness.
- Shaping new behavior patterns is time consuming. It can be painful to work through the unresolved realization that the financial choices made during deployment may not have been the best and now significant change may be necessary.
- Maintaining motivation to reach new financial goals and to get rid of old behaviors and habits and form new money management habits is essential.
- Talking to one another about budgeting and coming to a consensus to make any financial adjustments will take time and patience.
- Seeking professional help as needed (e.g., talk to the Unit's Finance NCO, financial counselors at Army Community Service (ACS), or the National Guard and Reserve Family Programs).

## 3.7 Resources—Family Reintegration Support

This is a selective list of resources for Family program providers that address the topic areas covered in this section on Family reintegration support strategies. Various professionals and programs/services often are able to address a range of Soldier's/Civilian's and Family member's life skills, education, and counseling needs. *[For further details about the spectrum of available resources for both professionals and Soldiers/Civilians and Family members refer to Part VII of this guide and other Operation READY Handbooks and materials]*.

### Overview

Together, Military OneSource (MOS) and Army OneSource (AOS) establishes a vast array of partnerships, and strengthens the relationship between the Active Army, National Guard, Army Reserve, and community services to develop a Family support system that can offer Soldiers, deployed Civilians, and Family members access to baseline programs and services in the geographical areas where they live. Army OneSource promotes outreach and leverages technology using a three-pronged service delivery strategy that promotes access to a "spectrum of resources."

- Facility-based services available through walk-in to any Army installation and National Guard and Army Reserve facility/center
- Telephone support available on a 24/7 basis (e.g., MOS) and
- Online resources.

Military OneSource (MOS) – www.militaryonesource.com or (800-343-9647)

Army OneSource (AOS) – www.myarmyonesource.com

Army Community Service (ACS) – www.myarmyonesource.com

National Guard Family Program – www.guardFamily.org/youth

Army Reserve Family Programs – www.arfp.org

## Children and Youth

**Army Child, Youth, and School (CYS) Services [equivalent National Guard Family Program's and Army Reserve Child and Youth Services] – http://www.myarmyonesource.com**
Offers programs to support military readiness by reducing the conflict between a Soldier's mission requirements and his or her parental responsibilities. These programs work in partnership with Boys and Girls Club and 4-H to have programs for military youth in local communities.

**Army Community Service (ACS) – http://www.myarmyonesource.com**
Provides information on children and youth throughout the deployment cycle support process. Information about children and youth and reintegration is covered in the OPERATION READY U.S. Army Deployment Support Handbook and training: Children and Youth. This training contains a detailed list of available resources to include web sites and books for parents, professionals, and children; and ages/stages bookmarks for parents.

**Military Child Education Coalition (MCEC) – http://www.militarychild.org**
Identifies the challenges that face the highly mobile military child, increases awareness of these challenges in military and educational communities, and initiates and implements programs to meet the challenges. MCEC offers workshops for parents at various installations.

**Operation: Military Kids (OMK) – http://www.operationmilitarykids.org**
OMK is the U.S. Army's collaborative effort with America's communities to support the children and youth impacted by deployment. Through OMK, professional training is available. Parents can get information on youth support such as participating in a range of recreational, social and educational programs and receiving assistance with school issues via the web site or by contacting their State 4-H Military Liaison.

**Zero to Three – http://zerotothree.org**
Offers evidence based information and resources for professionals and parents on how to nurture young children's development with a special focus on deployment related topics. Some helpful booklets include "Little Listeners in an Uncertain World,""Healthy Minds," and "Over There." Coming Together Around Military Families is a project that plans to accomplish increased collaboration, awareness and specialized training to participating installations.

## Command—Unit

Unit coordination is important to determine specific needs or special issues of the unit in order to coordinate reintegration briefings/trainings. The Family Readiness Group (FRG) leader and the Family Readiness Support Assistant (FRSA) work together with command to provide accurate and official information for Family members, and to coordinate activities and trainings. Key Mobilization and Deployment resources as part of Operation READY trainings include: Family Readiness Group training, Family Readiness Support Assistant training, and Rear Detachment training, and Trauma in the Unit.

## Financial Matters

**Army Community Service (ACS) [Army National Guard Family Program's and Army Reserve Family Program] – http://www.myarmyonesource.com**
Offers Financial Readiness education, counseling, and referrals for emergency assistance. The Mobilization and Deployment Operation READY Pre-Deployment Training materials provide detailed information on financial management (e.g., planning deployment spending, making financial choices, thrift savings benefits, predatory lending practices, detailed resource listing such as (www.mymoney.gov) which teaches basics of budgeting, 401K, buying a home, establishing credit, etc.).

**Unit NCOs** through the Unit's Command Finance NCO (CFNCO) provide access to financial support.

## Personal and Family Life—Relationship

**Army Community Service (ACS) [Army National Guard and Army Reserve equivalent] – http://www.myarmyonesource.com**

Offers quality of life programs that provide support services, education, and information. Key ACS relational programs offered through the Family Advocacy Program provide a comprehensive array of services in support of relationship building, parenting support, stress and anger management, and support for prevention/intervention of child and domestic abuse (e.g., victim advocacy, transitional compensation). Outreach for waiting wives (e.g., "Hearts Apart"), employment support, Army Family Team Building, and the Exceptional Family Member Program are other key programs and services. Mobilization and Deployment, Operation READY training materials provide a range of information regarding the deployment cycle support.

**Military Family Life Consultants (MFLC)** offer anonymous, short-term confidential support and situational counseling via licensed clinicians (e.g., Masters and Ph.D. level). They complement other services by providing flexible outreach "on demand" to Soldiers, deployed Civilians, and Family members. Access is via MOS or locally through Family programs.

**Battlemind – http://www.battlemind.army.mil or www.behavioralhealth.army.mil**
Teaches Soldiers and their Families about readjustment issues and mental health problems they could face after a deployment, danger signs and how to get help. The companion training for Family members is [OPREADY] Spouse Battlemind Training, Helping You and Your Family Transition From Deployment. There is a selection of other materials available for professionals and Soldier/Civilian, and Family members (e.g., brochures, video clips available).

**Chaplains and the unit ministry team** offer counseling support, conduct training/workshops on a wide ranges of issues, and serve as referral contact especially for Soldiers and Family members in distress (e.g., serve on crisis response teams). They also sponsor marriage retreats (Strong Bonds (www.strongbonds.org) or Guard and Reserve Marriage Enrichment Seminars) to help both singles and couples adjust to the challenges of deployment.

# PART IV: Optimizing Healthy Lifestyles — Staying Healthy



**STAYING ARMY STRONG INCLUDES** staying physically and emotionally healthy. Soldiers, deployed Civilians, and Family members will want—and need—to stay in optimum health during the deployment cycle support process. The day-to-day challenges of any relationship can be draining. During reintegration the after effects of multiple deployments seem to result in both spouses having less energy or time to do things for themselves. Although partners may acknowledge that this lack of energy is not about the relationship, individuals can still be short-tempered or irritable, restless, or preoccupied with their daily obligations or emotional or physical battle scars. Such obstacles are so common during reintegration that finding time to share and enjoy intimate moments or simply reminisce about good times together can be nearly non-existent.

***The Army remains committed to make the most of every resource to optimize the health, safety, and well being of its Soldiers, Civilians, and Families.*** *—ALARACT 153/2009, 09 May*

One Family member's health status impacts everyone's sense of well-being. Information observed from women in counseling was that even the most hardworking and organized spouse inevitably has times when they feel overwhelmed by Family demands (Matsakis, 2007, p. 413). Good health practices can prevent problems, reduce their impact if they occur, and minimize the stress associated with them.

***I keep myself busy…I am busy with school activities…I volunteer…I still make time for my workout and that really helps.*** *—RESET Spouse Sensing Group, 2008*

***Sometimes I feel more overwhelmed when my husband is home. I have to plan what to cook. But it helps to talk with other spouses and we still have our time together, even though my husband is home.*** *—RESET Spouse Sensing Group, 2008*

## 4.1 Physical and Mental Well-Being

Optimizing a healthy lifestyle is supported and augmented by the Army core values that Soldiers, deployed Civilians, and Family members embrace—loyalty, duty, respect, selfless service, honor, integrity, and personal courage. The National Military Families Association's (2006) survey findings indicate that Families continue to be proud of their service member and their special service to our country. Families also understand that even though many are challenged by the demands of multiple deployments they recognize the importance of preparedness, resiliency, and self-sufficiency. These characteristics require maintaining positive mental health and physical activity.

**Mental fitness:** The operational environment of today's military exposes Soldiers/Civilians and Family members to many unforeseen demands. The need to adjust under such difficult conditions can create a variety of stress reactions. Although stress can have the beneficial effect of sharpening the senses, when an individual's ability to deal with stress is exceeded, the consequences can be debilitating. When stress is not managed it can play a role in the development of health issues. It can cause headaches, muscle tension, nausea, dizziness or feelings of despair, and may cause changes in appetite. In the long-term, untreated stress can raise the risk of high cholesterol, heart disease, diabetes, and reproductive problems and weaken the body's ability to fight disease. It can also raise the risk of depression. Mental health is an essential part of each person's overall health and wellness and when mental health is challenged so is the entire body (CHPPM, 2009).

**Physical fitness:** Researchers are continuing to look at the possible links between exercise and brain chemicals associated with stress, anxiety, and depression (American Psychological Association, 2009). Their findings indicate that biologically, exercise seems to give the body a chance to practice dealing with stress. It forces the body's physiological systems to communicate with each other: cardiovascular system, renal system, muscular system, and central and sympathetic nervous systems. These physiological systems are involved in the stress response. This workout of the body's communication system may be the true value of exercise—the body becomes less efficient in responding to stress when the body is more sedentary. Exercise and physical activity have long been recognized by the military for preventing and relieving stress and substantially improving overall quality of life (CHPPM, 2009).

Family program providers need to continue to assist Families in developing realistic expectations about their preparedness and responsibilities while simultaneously reminding them about what the military can do to help. It is very important to advocate that early identification of problems and engaging in actions that strengthen overall well-being can prevent further hardships later on. It is equally important to advocate the importance of physical activity and exercise. There are many resources that can enhance personal well-being to include self-help and support groups, faith-based organizations, libraries, publications, and a range of organizations and agencies. Military Family Life Consultants (MFLCs), Chaplains, and Army Family programs can assist with helpful resources and ideas. *[Refer to the "key points" that follow, and other sections of this guide. For details on other key resources refer to the end of Part IV, and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

***The Army's charter is more about holistically improving the physical, mental and spiritual health of our Soldiers and their Families than solely focusing on suicide prevention. If we do the first, we are convinced the second will happen.***
*—General Peter W. Chiarelli, VCSA (Army G1 Deputy Chief of Staff Web Site, 29 March 09)*

## Comprehensive Soldier Fitness (CSF)

The Army Comprehensive Soldier Fitness program is a holistic fitness program for Soldiers, Civilians, and Army Families that focuses on five dimensions: physical, emotional, social, spiritual, and Family. The underlying premise is that when Soldiers/Civilians have the opportunity to maximize available training time, and are equipped with the skills to become more "self-aware, fit, balanced, confident, and competent," then this "total fitness" contributes to thriving in an era of high operational tempo. Key outcomes of this initiative are to improve performance and readiness, as well as build compassion to help others in need.

An initial online assessment needs to be completed by the Soldier/Civilian which provides links to related online trainings. Additional assessments are taken throughout one's career to monitor holistic fitness across the five dimensions –physical, emotional, social, spiritual, and Family. *[For details about CSF refer to the web site: www.army.mil/csf].*

### The Post-DeploymentHealth Reassessment (PDHRA)

Soldiers/Civilians receive the Post-Deployment Health Reassessment, or PDHRA, as part of the continuum of care for Service members' and Civilians' deployment-related health concerns. The PDHRA provides education, screening, assessment, and access to care for a wide variety of questions and concerns about overall health after return from deployment. The PDHRA has been incorporated as a mandatory task within the Deployment Cycle Support process. The PDHRA is a three-part Program. First, the Soldier/Civilian will complete the Battlemind II training, then complete the DD Form 2900, and conclude with a one-on-one conversation with a trained health care provider. *[For details refer to the web site: www.behavioralhealth.army.mil].*

## RESEARCH FINDINGS—REACTIONS TO COMBAT DEPLOYMENT

What affirmations are needed to enhance wellness? Observations of spouses in counseling (Matsakis, 2007):

- Some Family events/occurrences are not signs of personal failure but characteristic to the situation.
- It is critical to explore alternative ways to balance multiple roles and routines, ensuring that personal wellness is maximized.
- It is necessary to prepare for and accept that conflict within relationships is likely to occur, and to learn to rediscover ways to "work things out."
- Soldiers and their Family members need to believe that it is okay not to live with the expectation to "maintain enduring strength" and hide their vulnerabilities, or need for support, but rather that it is better to take action and ask for support at the earliest indication of need.

What coping strategies are described as effective? Although many spouses' self reports indicated that they had the greatest difficulty with managing their personal health and managing loneliness, the following coping strategies were reported to be helpful (NMFA, 2006; Orthner & Rose, 2006):

- Keeping informed and knowing what resources are available.
- Talking with others and having a support network (i.e., Start out by spending time with trusting people; Go to places where there is a comfort level).
- Channeling energy to take care of oneself or help others (e.g., volunteering, community service).
- Maintaining an on-going communication with the deployed Soldier/Civilian.

## KEY POINTS: Strategies For Staying Healthy—For Soldiers/Civilians and Family Members

**Exercise regularly.** Everyone in the Family will benefit, and it is proven to reduce stress. Exercise can be a Fmily activity—bicycling, walking—winter sports (snowshoeing, skiing, skating), summer sports (swimming, hiking, running). Sports can be competitive or non-competitive, to include younger Family members. Daily opportunities for moderate physical activity: "Hide the remote controls," take the stairs or park a distance from work, stretch while waiting in line, or conduct a walking meeting.

**Good nutrition**. Spend time learning to "cook from scratch." It saves money, and provides better nutritional value. Good cookbooks are available for "30 minute meals" for Families who have limited time to cook, and all Family members can be involved. Other relaxing activities include: Gardening—vegetables or flowers; going to a zoo, playground or museum; reading books or magazines; or taking a class; and/or learning a new hobby.

**There are many innovative solutions that couples come up with to work through reintegration issues.**

- Pay attention to your own needs and feelings and engage in activities to support those desires.
- Look for opportunities to try new things, attend new events, or discover new skills.
- Relax using many strategies: Meditation, deep breathing, yoga, reading inspirational books, writing, listening to quiet music, art, etc.
- Connect with Family, friends, faith communities, and others who are important – both accepting and giving support.
- Have healthy conversations with peers, buddies, Family members and other helpful people.
- Change thinking patterns, be open to new solutions, and accept that change is part of living.
- Be resourceful by moving forward on goals, making creative decisions, and nurturing a hopeful outlook.
- Learn to accept responsibility for one's feelings and behaviors.
- Laugh at unexpected stories and try not to apologize for everything.

**There are also important cautions to consider.**

- Avoid unnecessary caffeine or other stimulant/energy drinks that can add stress to an already stressed body.
- Avoid tobacco because of its negative effects on personal health. There are "smoking cessations" programs to help. It is important to remember that smoking affects the air that everyone breathes and can aggravate asthma or bronchitis, especially for children.
- Avoid excessive use of alcohol. Drinking releases inhibitions and Soldiers/Civilians and Family members may do or say things that they will regret later. It is a major factor in vehicular accidents, interpersonal violence, and spouse and child abuse.

- Avoid "multi-tasking" as it may seem to be more productive and efficient, but actually it induces feelings of being rushed and "stressed out." Practice doing one thing at a time - even simple things.
- Avoid excessive stress. Recognize the first signs of stress and seek proper care.

*Sources: APA, 2009; CHPPM, 2009; MHA, 2009*

## 4.2 Spiritual Beliefs

There are as many definitions of spirituality as there are Soldiers, deployed Civilians, and Family members. Spiritual belief systems offer Soldiers/Civilians and Family members a model by which they can examine the meaning of their lives, and provide a model by which people can make sense of what happens to them. Most offer a belief that there is "something more" beyond our everyday world that is integrated, loving, and good. A person's individual spirituality usually defines and incorporates their values, standards, and ethics.

For many people their spirituality is defined by membership in a church, in fellowship with a community of like-minded believers who can provide support and encouragement. The availability of a congregation as a resource will depend upon the amount of contact the Family has with it. For other Soldiers/Civilians and Family members their form of spirituality may be a simple trust in life, in goodness or believing in a particular philosophy. In this global society, and within the Army, where Soldiers contact people of other faith traditions, it is important to recognize the common ground that many people share. Mutual respect and acceptance of different beliefs and spiritualities can bring reconciliation within Families and between cultures.

Spirituality provides an accessible resource for courage and hope. It can help the Soldier/Civilian or Family members regain a sense of purpose in life especially if a traumatic event has occurred. It is a time-honored source of strength, and Army Chaplains are witnesses to the good that it can do. In interviews with Soldiers and Family members (RESET, 2008), Chaplains were seen as highly valued support.

***The Chaplains down range are great…we had a really cool guy who would come around and play his guitar. I know lots of the guys in the unit relied on him. Families back home do too.*** *—RESET E5-E7 Sensing Group, 2008*

## 4.3 Resources—Optimizing Healthy Lifestyles

This section provides a selected list of resources for Family program providers that address personal well-being and relationship growth, as well as overall healthy living. These resources provide a starting point for professionals, Soldiers, deployed Civilians, and Family members. They all emphasize the importance of healthy mental and physical habits, attention to good nutrition, and regular physical activity and sleep. Through information, life skills education, practical support, or counseling life's challenging can be eased. *[For further details about the spectrum of available resources for both professionals and Soldiers/Civilians and Family members refer to Part VII, of this guide and other Operation READY Handbooks and materials].*

## Overview

Together, Military OneSource (MOS) and Army OneSource (AOS) establish a vast array of partnerships, and strengthens the relationship between the Active Army, National Guard, Army Reserve, and community services to develop a Family support system that can offer Soldiers, deployed Civilians, and Family members access to baseline programs and services in the geographical areas where they live. Army OneSource promotes outreach and leverages technology using a three-pronged service delivery strategy that promotes access to a "spectrum of resources."

- Facility-based services available through walk-in to any Army installation and National Guard and Army Reserve facility/center
- Telephone support available on a 24/7 basis (e.g., MOS) and
- Online resources.

Military OneSource (MOS) – www.militaryonesource.com or (800-343-9647)

Army OneSource (AOS) – www.myarmyonesource.com

Army Community Service (ACS) – www.myarmyonesource.com

National Guard Family Program – www.guardFamily.org/youth

**Army Community Service (ACS) [Army National Guard Family Program's and Army Reserve Family Program] – http://www.myarmyonesource.com**
Offers many Family programs that support overall well-being through skill building, information/education, support groups, Family events and activities, and outreach prevention programs. Key program areas: Army Family Action Plan, Army Family Team Building, Deployment Readiness, Family Advocacy, Financial Readiness, Relocation, Soldier and Family Assistance Center, Exceptional Family Member Program, and Survivor Outreach.

**Army Behavioral Health – http://www.behavioralhealth.army.mil**
Army Behavioral Health will answer many questions about deployment related health assessment issues and covers available resources. A variety of topics are addressed regarding pre and post deployment health self assessments, the PDHRA, Battlemind trainings, and links to video resources.

**Army Hooah 4 Health – http://www.hooah4health.com**
Provides a spectrum of articles, "hot topics" and links promoting health through the "Hoorah 4 Life" under the tabs "Family Issues," "Kids," "Teens," and "Parents." This web site is "targeted for the reserve components." Also, listed under each of the following topics are a selected list of information (a module of materials) relevant to well- being.

- Under the tab "body," topics, tool, and articles available are Army fitness calculators/ assessments for heart rate, overall Army fitness, "weigh to stay" program, exercise and stress, and stamina.
- Under the "mind" tab the focus is on "stress buffers" and "stress management tips."
- Under the tab "environment" seasonal safety information is presented (e.g., emergency response preparedness, first-aid, etc.).
- Under the tab, "spiritual" the focus is everything from religion, community service, enjoying nature/art/music to "consciously living ones values." Other topics include good decision making, "walk to Iraq and back" (i.e., health promotion physical activity of eleven miles per day or equivalent count toward the mileage goals—walking/jogging, bicycling, swimming, or machine workouts, etc.).

**[Army] Comprehensive Soldier Fitness (CSF) – www.army.mil/csf**
The Army Comprehensive Soldier Fitness program is a holistic fitness program for Soldiers, Civilians, and Army Families that focuses on five dimensions: physical, emotional, social, spiritual, and Family. The underlying premise is that when Soldiers/Civilians have the opportunity to maximize available training time, and are equipped with the skills to become more "self-aware, fit, balanced, confident, and competent," then this "total fitness" contributes to thriving in an era of high operational tempo. An initial online assessment needs to be completed by the Soldier/Civilian which provides links to related online trainings. Additional assessments are taken throughout one's career.

**Army Center for Health Promotion and Preventative Medicine (CHPPM) – chppm-www.apgea.army.mil**
Supports health promotion and wellness for all aspects of the changing Army community anticipating and responding to operational needs to a changing world environment. They have professional resources to include fact sheets and training materials under the tab "Health Promotion" to include self care, nutrition, responsible sexual behavior, tobacco cessation, women's health and more. Also, under the "Health Promotion and Prevention Initiatives (HPPI)" tab, there are practical tip sheets that identify best practices for Soldiers/Families and professionals on topics such as effective health communication, tools for achieving behavior change (e.g., weight loss, nutrition, etc.).

**Centers for Disease Control and Prevention – http://www.cdc.gov**
Offers a range of topics under the title "Health and Safety Topics." Articles, and fact sheets on everything from healthy life stages for women, men, and youth to topics on aging, healthy weight, and community health.

**Department of Defense Stress Awareness – http://www.defenselink.mil/specials/stressawareness**
Sponsors awareness events and provides relevant information. Search under the archive, "Stress Awareness," which lists information on the influence of stress: combat stress, job stress, finance stress, Family stress, and teen/kid stress.

**Force Health Protection and Readiness – http://deploymentlink.osd.mil**
Provides information on "healthy ready access" to Service members and Families on their roles and responsibilities in partnership to "maintaining a fit and healthy force." Under the tab Force Readiness and Health Assurance, select deployment health library which links "A-Z" to related health issues for both providers and Service members/Families, and to "Family Readiness" which links to preparedness information.

**National Center for PTSD (NCPTSD) – http://ncptsd.va.gov**
Provides a perspective for both providers and Soldiers/Civilians/Families regarding ways to prevent chronic mental health issues and develop positive mental well-being. Access the video by typing title in the search box: "The New Warrior —Combat Stress and Wellness."

**National Military Family Association (NMFA) – http://nmfa.org**
Provides information and links to multiple topics such as health care resources and information. Other topics include: benefits, education, and "deployment and you." Under the "publications" tab, multiple resources are available: fact sheets, new resources, the NMFA newsletter, testimonies, and NMFA survey analysis.

## Civilian Resources

**American Psychological Association – www.apa.org**
Offers fact sheets on a range of topics such as to include resiliency and mental health, and other topics (e.g., "The Road to Resiliency"). Has a series of brochures with tips to managing stress and resilience in times of uncertainty (e.g., war on terror; tough economic times); some brochures are geared to adults and others are for parents of children of different age groups (brochures also available at www.apahelpcenter.org).

**Children, Youth and Families Education and Research Network (CYFERnet) – http://www.cyfernet.org**
Provides research-based resource links on a range of Family issues. Under "Parent/Family" there is a list of subtopics that links to a range of resources about what professionals can do to support healthy relationships, raising healthy children, life stages issues, and more. Under the subtopic tab "Family Wellness," links are provided to prevention, nutrition, and health resources (e.g., "Families Eating Smart and Healthstyle a Self Test)". Under the "Community" tab information and tools address the importance of public involvement to evaluate program initiatives (search under the tab "Community Development Tools" or "Collaborations").

**Mental Health America (formerly National Mental Health Association) – http://www.nmha.org**
Lists information on well-being under the "healthy living" tab covering topics such as "10 Tips for Improving Family Mental Health,""Managing (Healthy Ideas) to Life's Challenges," "Finding Your Balance," [For Troops] "How to Get Back to Normal." There is relevant information for parents regarding children and health.

# PART V: Special Issues

**THE MENTAL HEALTH ASSESSMENT TEAM** (2008) reports that common issues for Service members and Family members are long deployments, uncertain redeployment dates, and being separated from Family. Everyone who experiences combat, experiences stress to a greater or lesser degree. Many factors influence the severity of the response to combat including exposure to previous trauma, duration and severity of the combat experienced, and support available to the Soldier/Civilian who has experienced combat. In recent surveys of spouses, the most difficult areas they reported adjusting to were changes in the Soldier's personality and moods (For further information review Part III). This is a starting point that reinforces that Soldiers/Civilians and Family members need to recognize the warning signs of distress and seek assistance at the earliest indication of need. Some believe there is a stigma to "getting help; that their career will be jeopardized." It is important that Family program providers emphasize that the awareness of the problem is a sign of strength not weakness.

Recent studies (Hoge, Auchterlonie, & Milliken, 2006; Hoge, McGurk, Thomas, et al., 2008) reveal that a number of Soldiers returning from conflicts in Afghanistan and Iraq face both physical and mental health issues and since some of the symptoms overlap, it can complicate overall health needs. The authors indicate that early identification and treatment for these problems can minimize symptoms and facilitate recovery.

This section highlights a few special issues that may affect those returning from combat deployments. It will provide information on the stresses that both the Soldier, deployed Civilian, and Family member may be facing. The issues outlined in this section include the following: Traumatic Brain Injury (TBI), Combat Related Stress Response and Post Traumatic Stress Disorder (PTSD), Depression, Suicidal thoughts, Alcohol and Substance Abuse, Domestic Abuse, and Child Abuse and Neglect. Information on grieving is also discussed in this section.

It is critical to reinforce seeking help "early-on." A wealth of resources are available that can be easily explained using the spectrum of local and Army-wide resources. *[For details on key resources refer to the end of Part V, and a more comprehensive listing is located at then end of this section. Soldiers/Civilians and Families typically are referred to their local health care providers; doctor's office or clinic, or equivalent military facilities that are outlined in the spectrum of support. They can also access Military OneSource for confidential information about getting assistance].*

## 5. 1 Traumatic Brain Injury (TBI)

Due to a number of factors including the methods (IEDs, EFPs, etc.) used by combatants during the current OEF/OIF in Afghanistan and Iraq, there has been an increase in the number of head injuries sustained by Soldiers.

Military medicine has advanced to the point that head injuries which would have caused death in previous wars are now treatable, but may leave the Soldier/Civilian to cope with long lasting consequences. Perhaps the most common of these consequences is Traumatic Brain Injury (TBI).

A few common questions and answers about "TBI" are highlighted as follows (WRAIR from Hoge et al., 2008):

**Is concussion different from "mild TBI"?** The Department of Defense and the Department of Veteran Affairs define mild traumatic brain injury as a concussion, which is often associated with a blast explosion. This loss of consciousness is characterized by states of being dazed or confused. With supportive treatment these symptoms usually do not last beyond a few days, but symptoms may be persistent depending on the individual. Those who experienced multiple concussions may have more serious problems. More severe brain injuries include a penetrating wound or skull fracture.

**What is the relationship of PTSD to concussion?** The context in which the concussion occurs such as Soldiers experiencing their buddy being injured or killed, a threat to their own life, or injury to civilians nearby is why mild TBI is associated with PTSD. Most of the health complaints among Soldiers with concussions were related to PTSD and depression. Health care providers need to guard against misdiagnosing Soldiers who report concussions and have continued concussive symptoms that may also be associated with PTSD and depression.

TBI is only beginning to be fully understood in part because it can present widely varied symptoms, depending on the severity and what area of the brain is injured. Because it often causes personality and behavioral changes in the Soldier, TBI can be misdiagnosed as PTSD or other mental health problems. If Soldiers suspect that TBI may be responsible for the difficulties they are experiencing they must seek appropriate help from qualified medical professionals, including neurologists, neuropsychologists or psychiatrists/psychologists. Support, encouragement and understanding from their spouse and other Family members is essential. *[Army Behavioral Health (http://www.behavioralhealth.army.mil ) provides related links and information to include the PTSD/MTBI Chain Teaching Programs (search under PTSD menu), and/or access www.battlemind.org or www.army.mil (search news and PTSD/MTBI). This was program was developed by Battlemind Training System Office, and Army Medical Department and School. For details on suggested resources for TBI refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

## 5.2 Post Traumatic Stress Disorder (PTSD)

Exposure to combat can affect a Soldier's/Civilian's mental health in a number of ways, including causing an anxiety disorder called Post Traumatic Stress Disorder (PTSD).

Strong emotions caused by one traumatic event or the accumulation of many traumatic events create changes within an individual's brain and neural response system that may manifest as PTSD. Other factors present in a combat situation or even in a Soldier's personal history which cause additional stress may contribute to both PTSD and other mental health problems. Included on this list of variables are what Soldiers did in the war, the politics surrounding the war, where it was fought, and the type of enemy they faced.

An additional cause of PTSD may be military sexual trauma (MST). This is described as sexual harassment or sexual assault that occurs while a Soldier is in the military during peacetime, during training or at war. This can affect both men and women (National Center for PTSD, 2008). *[For details on suggested resources on PTSD refer to the end of Part V, and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

## RESEARCH FINDINGS—REACTIONS TO COMBAT DEPLOYMENT

No one who is involved in war is untouched by it. Sometimes Family members experience vicarious traumatization, and some Family members may develop mental health problems of their own, including anxiety, depression, especially if they have experienced violence or erratic behaviors as a result of their Soldier's combat stress and PTSD (Renshaw, Rodriques, & Jones, 2008).

A recent study, published in Military Medicine (Eaton, Hoge, et al., 2008), describes the treatment needs of spouses of Soldiers involved in Iraq and Afghanistan deployments. This information was taken from surveys that were conducted with Army spouses in 2003. Army decisions about how and which services currently in place need to be tailored, emphasized, or expanded are continually being evaluated.

- Twenty one percent of reporting spouses stated that stress or emotional problems impacted negatively on the quality of their work or other activities.
- Nineteen percent met the screening criteria for either major depression or generalized anxiety disorders, although not all showed signs of significant impairment.
- Most spouses (46%) sought help from specialized mental health providers.
- Twenty percent received care from primary care medical providers, and an additional 8% received pastoral counseling.

Spouses reported practical reasons for not seeking care.

- Difficulty in scheduling appointments, usually due to child care needs and getting time off work.
- Difficulty in getting an appointment.
- The expense of specialized mental health care, which for spouses, must be obtained from civilian mental health services. In this study, primary care physicians on post provided a substantial portion of the mental health services.

What do we know about the reactions of spouses whose husbands/wives or partners have served in combat? A recent study of spouses of National Guard Soldiers returned from deployments in Iraq documents the following: (Renshaw et al., 2008).

- Soldiers returned from Iraq with elevated levels of psychological symptoms—depression and PTSD, however their spouses did not generally report unusual levels of marital distress.
- Spouses experienced greater levels of psychological symptoms when they perceived high levels of symptoms in their Soldier, even when the Soldier reported low levels of depression and PTSD.
- When spouses perceived that Solders had experienced high levels of combat activity, the spouses were more dissatisfied in their relationships. However, the same was not true for the veterans. Their level of marital satisfaction was not necessarily related to high levels of combat activity.
- Spouses and Family members of veterans experiencing PTSD are at increased risk for experiencing psychological and marital distress.

Other studies confirm some of these findings:

- Family members can also experience similar psychological symptoms, usually because they identify with the Soldier, respond to their distress, and want to help. Professional counseling will help everyone learn to cope (Collins et al., 2003; Renshaw, 2008).
- When increased stress in the Family triggers the veteran's PTSD symptoms, Family members who are hurt by their behavior are often reluctant to offer their veteran support (Sherman, 1998). This loss of social support is of critical importance, as intimate relationships are a primary source of support for most people (Beach et al., 1993).

These findings point to the need for greater understanding of how each person's distress both influences and is influenced by the distress of the other person.

If a Soldier/Civilian is experiencing symptoms of PTSD and depression and they persist for more than one month, or if they are causing significant distress for the Soldier/Civilian or Family, it is important to get help from qualified professionals, such as Behavioral Health, Military Family Life Consultants, Military OneSource, or other specialized community agencies. There are several effective treatments for PTSD. Getting help early provides the best chance for recovery. *[For details on suggested resources for PTSD refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

## KEY POINTS: Symptoms of Post Traumatic Stress Disorder (PTSD)

**Symptoms of PTSD fall into these major areas:**

- Reliving the event through flashbacks, dreams or intrusive thoughts.
- Avoiding thoughts, things, people or conversations that remind a person of the traumatic event or events.
- Emotional numbness, in which a person may have less ability to feel emotions and/or lose their interest in activities they previously enjoyed. They may avoid relationships, and not be able to tolerate closeness to their Family members or friends.
- Anxiety or increased arousal including difficulty sleeping, hypervigilance (always being on the watch) and having an over-active startle response. This can include situations where hearing a car backfire may trigger memories of gunfire and war for a combat veteran, or seeing a car accident can remind a crash survivor of his or her own accident or an accident in which a member of their unit was killed.
- Other symptoms may include difficulty concentrating or completing tasks, irritability or outbursts of anger.

## 5.3 Depression

Depression may be diagnosed when feelings of sadness, loss, and hopelessness last longer than a typical period of grief. Clinical depression is more than just feeling sad after a difficult period or traumatic event. Undiagnosed depression can lead to serious behavioral health issues, including substance abuse, suicidal thoughts, and anxiety and mood disorders (National Guard and Reserve, from TRICARE brochure, 2008).

Soldiers and deployed Civilians may return home with depression or related mental health issues. It is important for them to seek professional help from clinical specialists (e.g., Behavioral Health, Military Family Life Consultants, community mental health agencies) if these symptoms are causing problems or personal distress at home, work, or in social relationships. Everyone in their Family will benefit.

*[For details on suggested resources for Depression refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

### KEY POINTS: Symptoms of Depression—For Soldiers/Civilians and Family Members

Symptoms of depression include the following:

- Feeling depressed or down most of the day, most days
- Repeated crying episodes
- Feelings of hopelessness or helplessness
- Sleeping too little or too much
- Changes in appetite—significant weight loss or weight gain
- No longer enjoying things that you used to enjoy
- Fatigue or low energy
- Difficulty concentrating or making decisions
- Thoughts of death or suicide
- Feelings of guilt or worthlessness.

## 5.4 Alcohol or Substance Use

Although it is natural for returning Soldiers/Civilians to want to celebrate their return from deployment with Family and Friends, any "celebrating" needs to be done in a safe manner. This means any alcohol use needs to be moderate and infrequent, and over-the-counter drugs (stimulants/caffeine/herbal mixes) must be avoided. Relying on "buddies" who are trustworthy is an important consideration to ensure safety. Until Soldiers/Civilians are settled into a stable routine at home, and have grown beyond any residual effects of PTSD or depression, any alcohol or substance use may be described as risky behavior.

Drinking excessively is risky at all times and in combination with the stress inherent in reintegration, can result in a variety of problems. Most returning Soldiers use good judgment concerning drinking; some do not.

Younger service members who reported combat exposures are at an increased risk of new-onset heavy weekly drinking, binge drinking and alcohol-related problems (Jacobson et al., 2008), although nobody is exempt. The National Guard and Army Reserve Soldiers reportedly are at higher risk given their unique circumstances (Jacobson, Ryan, Hooper, Smith, et al., 2008). They are returning to civilian communities that may not always understand the changes inherent in the deployment cycle and utilizing resources that may not always necessarily support them or their Family.

Professional evaluation and reliable help are available in both Army and civilian communities for substance abusers and for Family members. *[For details on suggested resources for Alcohol/Substance Abuse refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

### KEY POINTS: Warning Signs Alcohol/Substance Abuse—For Soldiers/Civilians and Family Members

It is important to be aware of some warning signs of alcohol/substance abuse:

- Drinking or using drugs to deal with painful feelings or to block memories of your combat experience.
- Drinking to fall asleep.
- Binge drinking.
- Drinking and driving.
- Feeling guilty about your drinking.
- Combining alcohol with other drugs, medications or herbs.
- Drinking against Family or medical advice.
- Missing school or work because of alcohol or substance use.

## 5.5 Suicide Prevention

Suicide is an ongoing concern for some returning Soldiers/Civilians. Those who return to failed relationships, who suffer depression or PTSD are at higher risk of ending their own lives. Those who were traumatized by the sight of death and destruction, those who killed others in the course of combat, and those who fail to find understanding upon their return home may also be at higher risk.

Although many Soldiers/Civilians may have thoughts of suicide, some never act on them—others will take action to end their lives, often successfully.

It is important for Family program providers to remind Soldiers/Civilians and Family members about the indicators that suggest that a person may be thinking of suicide:

- Remarks such as: "Nothing matters any more," "It's just not worth it," or "I can't go on, I'm thinking of ending it all."
- Becoming depressed or withdrawn.
- Behaving recklessly.

- Getting affairs in order and giving away valued possessions.
- Showing a marked change in attitudes, dress, or appearance.
- Abusing alcohol or drugs.
- Suffering a major loss or life challenge.
- Anticipating a significant failure or humiliation such as losing a job or business, or facing a court date that could mean jail time.

***"Suicide prevention is everybody's business, and without your support, we cannot be successful in our efforts to further the Army's suicide prevention efforts."*** *—Mr. Walter Morales, Program Manager, Suicide Prevention/HIV/DNA Programs, Department of the Army (www.hooah4health.com)*

Many resources are available. If a Soldier/Civilian or Family members lives in the civilian sector, a hospital or a 911 call is a good option. Suicide help lines are available 24 hours (usually listed in telephone directories) will also offer support and advice. *[The Army Suicide Prevention program commander's resources are provided by the Center for Health Promotion and Preventive Medicine (CHPPM). For details on this and other suggested resources for Suicide prevention refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

## RESEARCH FINDINGS—SUICIDES

A recent study, in 2005, examines the relationship between life events, suicide attempts and personality disorders (Yen, Pagano, Shea, et al., 2005). The key question explored was: Did people with personality disorders who attempted suicide during a 3 year period experience a specific "Life Event" in the month during and proceeding the suicide attempt? The authors conducted a prospective, longitudinal study of 489 people, between 18 and 45 years old, with personality disorder—schizotypal, borderline personality disorder, avoidant and obsessive-compulsive. During the 3 years following the first interview, 61 attempted suicide.

**Findings:**

Individuals experiencing events relating to love-marriage are 3 times more likely to make a subsequent suicide attempt within 1-2 months following the event compared to those who have not experienced a negative love-marriage event. Specific events in this category include:

- Broken Engagement
- Relationship worsened
- Separation from spouse
- Divorce
- Respondent infidelity
- Spouse infidelity
- Spouse-mate died
- Ended love affair.

Individuals who reported crime/legal events are 2.5 times more likely to make a suicide attempt within the following 1-2 months compared with those who have not had such experiences. Analyses of specific types of crime/legal events determined that some specific events were associated with a significant risk factor, these are:

- Victim of a physical attack/assault
- Being accused of a crime
- Being arrested
- Being sent to jail and
- Being involved in a court case.

***Not all wounds are visible. If you are feeling depressed or suicidal, seek help. We need you on the Army team.*** *—SMA Kenneth O. Preston – (CHPPM, Suicide Awareness for Soldiers, 2008)*

***...Suicide is not an option...***

Trainings that offer opportunities for Soldiers/Civilians to speak freely about ways to get help for their "buddy" or themselves, may lessen any stigma to seeking help.

## KEY POINTS: Suicide Prevention Strategies—For Soldiers/Civilians and Family Members

If a Soldier/Civilian or Family member is talking about suicide, or if anyone is concerned that they are in danger of suicide the ACE Model is useful.

Follow the ACE Model:

**Ask your Soldier/Civilian or Family member:**

Have the courage to ask the question, but stay calm. Ask the question directly, e.g.,

Are you thinking of killing yourself?

**Care for your Soldier/Civilian or Family member:**

Remove any means that could be used for self-injury. Calmly control the situation; do not use force. Actively listen to produce relief.

**Escort your Soldier/Civilian or Family member:**

Never leave them alone. Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider.

*Source: Army Center for Health Promotion and Preventative Medicine (CHPPM), Suicide Awareness for Soldiers, 2008*

## 5.6 Domestic Abuse

Soldiers/Civilians return from deployments in a state of heightened "alert", and are well-practiced in survival/protective protocols and procedures. Many return to a world that is less ordered and more chaotic, and to communities that do not fully understand the behaviors they employed in order to survive.

Although the majority of Soldiers/Civilians and Families do not engage in domestic abuse, when battlefield survival strategies are not "left in Iraq/Afghanistan," or when they are exacerbated by Family or personality risk factors, the risk of domestic abuse is likely to be elevated upon the Soldier's/Civilian's return home. Issues of power and control, if present prior to deployment, will likely re-emerge during reintegration. Violence may occur if the controlling partner is confronted by a partner who has become independent and self-reliant during the Soldier's/Civilian's absence. When a controlling spouse returns home with PTSD or other mental health problems, the potential for violence is heightened.

### Acknowledge The Influence Of Risk Factors And Family Dynamics Associated With Domestic Abuse

While there is great variance within Army Families (age, background, ethnicity) there are traits commonly associated with offenders, and strategies Family program providers can utilize.

**A need for power and control.** Intimidation, using threats, isolating a spouse, physical abuse, sexual abuse, stalking, damaging property.

**Personality traits.**

- Hypermasculinity and hostile masculinity may "stand alone" or interact with various other risk factors. Hypermasculine men are characterized by aggressiveness (Parrot & Zeichner, 2003), and are often unpracticed in the use of emotions (Jennings et al., 2000).
- Hostile masculinity includes an insecure, defensive, hypersensitive and hostile/distrustful orientation, particularly towards women. These men display higher levels of anger, anxiety and health-risk behavior and are hierarchically oriented (Hall, Teten, DeGarmo, &, Stephens, (2005).

**Younger age of marital partners.** (McCarroll, 2007/2008 - Army data). Nearly 80% of cases involve marriage partners between the ages of 18 and 31 years.

**History of Family violence and/or childhood victimization.**

- Family of origin violence such as physical abuse by mothers or fathers, as well as witnessing inter-parental physical and psychological aggression as a child, tends to be equally predictive of later aggression.
- Women abused in childhood seemed to lose the ability to perceive danger in the relationship (Griffing, Ragin, Morrison, Sage, Madry, & Primm, 2005).

**Depression, alcohol or substance abuse.** A case-control study (Bell & Fuchs, 2005) of 9,534 (21,786 controls), active duty, male, enlisted Army spouse abusers identified from

the Central Registry found that "those who consumed 22 or more drinks per week were 66 percent more likely to abuse their spouses than those classified as abstainers". Moderate drinkers (8-14/week) and heavy drinkers (15-21/week) were three times as likely and light drinkers (1-7/week) were twice as likely to be drinking during the time of the abuse. This study found that heavy drinkers are also at greater risk to perpetrate spouse abuse even though alcohol may not have been consumed prior to the abuse event.

**Post Traumatic Stress Disorder (PTSD).** When PTSD is present in individuals who are violent towards their partners, it was identified as the highest risk factor (Marshall et al., 2005). Another national study of combat veterans stated that "PTSD-positive veterans with the highest standing on these war-zone stressors exposures should be targeted for preventative interventions for partner violence perpetration" (Taft, Pless, Stalans, Koenen, King, & King, 2005). PTSD is frequently accompanied by substance abuse and depression, which exacerbate the potential for interpersonal violence.

**Stress.** Violent men reported more occupational and financial stressors that involved loss which was directly related to traditional male gender roles. The threat of loss was not found to be a stressor for men to the same extent as it was for women (Cano & Vivian, 2003), although these authors state that men's persistent worry about a potential loss may raise their stress level to that of an actual loss.

**Ethnicity.** Cultural, racial or ethnic factors may also contribute to risk. Minority status often results in discrimination, and its negative effects may be displaced onto women, although a specific culture's family and community standards may also provide some protective factors by moderating an individual's behavior (Hall et al., 2005). When multiple cultural/racial/ethnic groups coexist in the same social context, however, one group is likely to become dominant, creating multiple minority sub-groups.

**Lower income.** Lower income tends to be associated with increased risk for aggression. In a U.S. Army sample, the risk for mild aggression decreased by 3% and decreased by 5% for severe aggression as income levels increased (Cano et al., 2003).

## Implications for Family Program Professionals

An important part of domestic abuse prevention requires that Family program providers stay abreast of the variable risk factors and other Family dynamics associated with this form of violence. As times change, research is constantly updated relevant to the evolving needs of Families and service members.

Contemporary research on all risk factors usually offers insight into potential prevention strategies. For example, while domestic abuse offenders have been usually envisioned as male-gendered, contemporary research has documented more instances of female-to-male violence.

Strategies to prevent violence by women include

- Information: risk factors (substance abuse, stress, depression)
- Education: decision-making, communication and negotiation skills, anger and stress management, life skills

- Social Support: Family, group, social agency and
- Future planning: life-options, consequences of violent behavior.

While this area of concern is only one of many, the prevention principles offer a strategy that can be applied to other populations—youths and older children, single and married/partnered individuals, Families with exceptional Family members, and people in all age categories.

## Raise Awareness About the Impact of Bystander Prevention Efforts

Another important component that can influence prevention efforts is for Family program providers to emphasize, at multiple points in the deployment cycle, that everyone in the community must take positive action against domestic abuse. This concept involves mobilizing everyone in the community, all "bystanders," and leaders at all levels of command in order to reinforce the importance of intervening in potentially abusive situations. This concept is based on the social norm theory which suggests that bystanders can have a powerful impact on others by modeling positive or negative behavior through action or inaction, language, and attitude (Miller & McFarland, 1991). Research on the impact of the bystander in situations of bullying behavior, harassment, and assault suggests that sometimes one strong individual who commands the respect of the group by their status, knowledge, or presence can sway opinion and behavior. Prevention efforts are reinforced when Soldiers/Civilians, Family members, and the community take action in the following ways:

- Notice the event (distinguishing between healthy and unhealthy behaviors)
- Interpret it as a problem (knowing Army trends/statistics, calling on victims, offenders or others to provide examples and consequences)
- Feel responsible for the solution (acknowledging that in addition to personal injury there may be damage to the Family, unit, community) and
- Have the necessary skills to act (learning how to negotiate/communicate effectively and defuse a situation; knowing how and where to report and get help) (Adapted from Berkowitz, 1998a).

It is also important to pay attention to early intervention in relationships as a way of preventing domestic abuse. Some key strategies include: Teaching teens about dating violence; emphasizing effective communication skills; helping those who have come from Families with a history of domestic abuse learn new ways to interact with their spouse/partner; and supporting couples at all stages of their relationship to build resiliency to whatever challenges occur in military life.

A good starting place for Soldiers/Civilians and Families is the Family Advocacy Program. Although these resources focus on skill building, another component places emphasis on recognizing warning signs of abuse, learning the reporting options and procedures, and seeking help at the earliest indication of need. Even after a substantiated incident some of these services, in combination with treatment support, assist in ensuring safety, and in some cases helping to repair the relationships.

Soldiers/Civilians and Family members can self-refer for services before conflicts become abusive. In this case, a report of abuse is not required. Participation in educational and counseling programs "early on" can make a difference: marital counseling, relationship programs, anger and stress management trainings, and involvement in Army Community Service (ACS), Family Advocacy Program (FAP), Chaplain sponsored programs (Strong Bonds or Guard/Reserve Marriage Enrichment Seminars) and Behavioral Health (and equivalent civilian agencies) services. Other programs such as victim advocacy, transitional compensation, and counseling are also available once an incident has occurred. *[For related information refer to the sections: Research Findings: Some of The Challenges that Family Members Have Experienced Regarding Reintegration, Comments About Reintegration, Severe Marital Discord. For details on suggested resources for Domestic Abuse prevention refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

It is important to remember that no matter what their Soldier/Civilian has experienced, and no matter how many other Family risk issues exist, violence by either spouse or partner cannot be accepted or condoned. Help in resolving Family conflicts is readily available and it usually is very successful. If couples will not seek help together, the willing one can do it. When violence has occurred, or if fear of violence is present, protective actions need to be employed. Professionals should be consulted immediately (i.e., FAP, Behavioral Health, Chaplain). For imminent danger situations law enforcement (military or civilian) is available 24/7. They are trained responders who can also deal with household access and weapons, as well as other immediate safety concerns.

## Reinforce to Soldiers/Civilians and Family Members How to Get Help for Domestic Abuse

Domestic abuse affects everyone in the community and must be reported. There are two types of reporting available to victims.

**Unrestricted Reporting:** Allows the victim to receive medical treatment, including a forensic examination, counseling, and support services. The incident is reported to appropriate legal and command authorities. An investigation is completed to ensure the safety and well-being of the victim and other Family members who may be at risk from harm. The offender's responsibility in the incident will be investigated.

**Restricted Reporting:** Allows the victim, on a confidential basis, to disclose details of the incident/assault only to specified individuals and receive services. Law enforcement and the Soldier's commander are not contacted. Medical treatment, including a forensic examination, counseling and other support services are offered to the victim. This option gives the victim time to receive relevant information and support in order to make a more informed decision about reporting the domestic abuse to the commander and participate in a criminal investigation.

***There are exceptions to the restricted reporting option. Two exceptions are 1) if a child in the Family is also being abused and/or neglected. In this situation, the local child protection agency must be contacted or 2) if the victim or any others in the home are at risk for serious injury or death.

## RESEARCH FINDINGS—EPICOM REPORT

Ft. Bragg Epidemiological Consultation Report (EPICOM) (2002) describes the following regarding marital discord and domestic violence: "Martial dysfunction and resulting divorce affects approximately 50% of all current marriages. Reported and unreported domestic violence in the context of marital dysfunction is not uncommon, although obviously regrettable and to be prevented, if at all possible" (p. 3). Other relevant information:

- A study of combat arms Soldiers deployed in Kosovo showed that the number of adverse experiences in the operational setting (being shot at, seeing dead bodies, handling land mines, etc) had a direct relationship to interpersonal problems reported on returning home.
- Accompanying focus groups at Ft. Bragg reported that marital discord was experienced among Army Soldiers. Contributing factors may include unpredictable work schedules, limited time for Family reintegration, and problems with leave.
- In the Ft. Bragg homicide/suicide 5-death cluster of 2002, marital discord and domestic violence were described as key factors. Two of the three Soldiers who had deployed to Afghanistan and requested early return to address their marital problems did not access supportive services.

## KEY POINTS: Domestic Abuse—For Soldiers/Civilians and Family Members

**Tips for Spouses/Partners:**

- Encourage the Soldier/Civilian to exercise, talk with buddies, and socialize.
- Discourage the use of alcohol or other mood altering substances by everyone in the household.
- If problems need to be addressed, talk about them in small segments. Solving one problem may resolve others.
- Allow the Soldier/Civilian to rearrange furniture in a way that makes them more secure—sometimes simply having the back of his/her chair up against the wall or closer to the door helps.
- Avoid unnecessary caffeine or other stimulant/energy drinks. Since the Soldier will maintain high adrenaline levels for a while, it is better to help him/her relax.
- Be selective about watching certain types of TV programs—programs about war, crime, violence, accidents, etc. can bring back unwanted memories. If a Soldier/Civilian or another Family member shows signs of distress, remind them that the program can be watched at a later time—or not at all.
- Soldiers/Civilians may sleep better by themselves for a while. Sleep deprivation during deployment is common, and time will be needed to "catch up."
- Spouses may find it easier to go to bed earlier than their Soldier/Civilian. This avoids startling their Soldier/Civilian by joining them in bed while he/she is sleeping.

## 5.7 Child Abuse

Families with children may need additional support during reintegration. Although most parents take parenting challenges in stride, some parents, especially those who may lack an understanding of normal child development, can face difficulties. If there are unresolved relationship problems present between Soldiers/Civilians and spouses, combined with the normal developmental challenges that children provide, this may add to any difficult parent-child relationships. Couples who are facing challenges with reintegration back into the Family may find the joint efforts of parenting and sustaining their marriage difficult. If a parent also lacked a positive role model in their own childhood, they may find themselves at risk for child abuse or neglect. Prevention of child abuse is paramount to sustain healthy Family functioning across all generations. If either parent is struggling or has abnormal thoughts about their relationship with their child(ren) they need to be referred for professional help.

An important resource during reintegration is the New Parent Support Program (NPSP) and other support programs offered. Home visitation programs offer hands-on modeling of positive parenting techniques, parenting education, and couple/child support in the security of the child's home, relieving the parent of the stress of finding the time, babysitter and transportation of attending traditional classes. Family Advocacy Program's (FAP) parenting and couples communication programs also offer positive solutions to these situational challenges, and can smooth the way for long-term positive results. Chaplains can also offer counsel and referrals.

Some Soldiers/Civilians returning from extended deployments, particularly combat deployments, may lose patience with their children. Soldiers/Civilians with PTSD are likely to be at risk, due to their sometimes unpredictable moods. For example, if their children startle them while they are sleeping, or if the children persist in irritating behaviors—screaming, ignoring parental directions, etc.—the risk of maltreatment can become elevated. Infants, during the period of "Purple Crying"—from approximately 2 to 4 months—are at elevated risk. This is made more complex due to the fact that persistent infant crying disturbs the Soldier's/Civilian's and Family's sleep, which creates a significant health concern. The Soldier/Civilian or other person with PTSD or other medical or psychological conditions will need to recognize and respect their own limitations until they regain their health.

All prevention interventions (i.e., FAP programs) that attempt to improve parental competencies early in life of the child, to include parents "tuning into" their infants and toddlers signals/needs and responding to them sensitively, helps support Families. This strategy, as well as the others listed here should always be seriously considered when prioritizing service goals for Families: Encourage peer support, involve fathers, teach coping skills and positive Family interactions, and provide opportunities for practice. These are especially relevant for military Families, who experience significant stress and adversity on a regular basis. *[For details on suggested resources for Child Abuse prevention refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII].*

## RESEARCH FINDINGS—HOME VISITATION

Findings from the last decade of research offer some valuable lessons about who benefits most from home visiting services, and how home visiting achieves its long-term impacts. Most of the evidence presented comes from the "Nurse Family Partnership" home visitation program since this is the most mature body of research. It is also the home visiting model that the Army has adapted for their program. Similar lessons can be learned about other programs as well, though these should be interpreted with less certainty, given the more limited evaluation methods used.

- In home visiting research, the prevention of maltreatment (and other negative outcomes) is found to be strongest for parents' who began the program with lower psychological resources, which was defined as having a low sense of personal control or mastery, low IQ, and/or high depression scores. However, those with low psychological resources were also the hardest to retain in the program for long periods of time (Olds, Henderson, Chamberlain, & Tatelbaum, 1986; Olds & Korfmacher, 1998; Olds, Saddler, & Kitsman, 2007). Although it may take extra effort to retain parents with low psychological resources, it is a worth the effort, because home visits are more likely to make a difference for those parents.
- Nurse visited mothers were less likely to show long-term negative impacts following stressful life events, 15 years after starting the program (Izzo, Eckenrode, & Olds, In Press). This helps to illustrate that home visitation not only reduces risk factors for families during early childhood, but has a lasting impact on how they cope with adversity throughout their lives.
- Domestic abuse reduces the positive impact of the program. The preventive effect on child abuse was not seen among families with a high degree of domestic abuse (i.e., partner violence). Over a period of 15 years in the main longitudinal study there were 28 or more abuse incidents for some families.). However, significant program effects were still seen in some families with lower rates of domestic abuse (Eckenrode, Ganzel, Henderson et al., 2000).

## RESEARCH FINDINGS—CHILD ABUSE

Do men and women experience their parenting roles during a Spouse's deployment differently? (Gibbs, Martin, Kupper, & Johnson, 2007)

- The rate of substantiated incidents of child maltreatment by a female civilian parent was more than 3 times greater during times of deployment.
- The rate of substantiated incidents of child maltreatment by male civilian parents was elevated during deployments, but less than that for women.
- The rate of maltreatment incidents during deployment was greater for offenders who were non-Hispanic white than for those who were black or Hispanic.

### KEY POINTS: Child Abuse—For Soldiers/Civilians and Family Members

- Parents who lacked a positive parent role model can learn skills that will help them with their own children.
- Parents who are experiencing relationship difficulties are at risk for child abuse.
- PTSD/TBI adds another layer of risk to parenting infants or young children. PTSD/TBI parents should never be left alone to take care of a crying infant or fussy toddler. The stress of coping with a crying infant can easily result in a parent shaking the baby (SBS), often with tragic consequences.
- Children can be taught to not surprise their PTSD parent-Soldier/Civilian while he or she is sleeping, and not to climb in bed with them without an invitation.
- Teenagers will need to understand and accommodate their parent's limitations until things settle down. This may mean that they will need to work extra hard at being respectful, polite and cooperative.

## 5.8 Experiencing Grief

Death and war are inevitably linked together. When the Soldier/Civilian experiences the death of a significant unit member or trusted friend/buddy, especially if the death occurred without warning or in a visibly violent manner, intense grief reactions are common. If the Soldier/Civilian was present during the death-event, he/shemay feel additional horror, even imagining that he/she perhaps could have prevented the death.

Initially, a Soldier's/Civilian's reactions to any traumatic loss may involve a wide range of intense emotions. Depending upon the circumstances, the Soldier may become agitated or enraged, develop fantasies about revenge, and have intense hatred towards those seen as responsible for the death. Some Soldiers/Civilians may return home with these grief reactions largely unresolved. In some situations, their grief is a contributing factor in PTSD.

Over time, in a normal grieving process, the frequency and intensity of emotions are expected to diminish. When Family or supportive friends are absent, grieving is harder to bear and recovery becomes more difficult. Continuing support of the Army community will be all-important (Pfohl, Jimerson, & Lazarus, 2004).

Strong grief reactions can also present major hurdles in maintaining healthy, satisfying relationships as well during reintegration. Since individuals are not all the same, grief reactions also do not come "in neat or predictable packages." Everyone experiences a wide spectrum of emotions and thoughts when grieving, depending upon their culture, Family expectations, age, spiritual resources, or personal circumstances. Some people mask their pain and disappointment and others cry or retreat from Family and friends. Others try to self-medicate with alcohol or drugs. Others work through the loss, although progress may be very uneven.

Individuals will have many reactions and the constellation of responses seen both in adults and children are wide ranging. Nearly everyone experiences shock and a sense of unreality at first. Crying, weakness, numerous physical changes or difficulties can occur. Denial of the impact of the loss may occur—a sense that "it's just a bad dream," or "it's impossible to believe." Anger, protest, fear, guilt, pain, depression and despair continue from this point

forward, in no predictable order—they may be present in varying degrees at the same time. Symptoms of inactivity, difficulty concentrating, feeling of hopelessness may be present. Some people will blame other people for their loss, and some will blame God for allowing whatever happened to occur. Feelings of indifference, loss of interest and desires to give up or withdraw require professional support. Some professionals believe that acceptance is when the individual no longer feels deep sadness about the loss, but rather is able to accept its reality—which will take time. Feelings of self-pity, anger, guilt, and depression should not dominate the person's behaviors. Longstanding or unresolved guilt can interfere in Family and intimate relationships resulting in fear of intimacy; fear of rejection if "true feelings" are discovered; intense feelings of unworthiness leading to possible self exploitation (financial, emotional, sexual); and distancing self from others by not reciprocating social activities (e.g., not returning phone calls, not keeping important dates or schedules).

For Families that experience a Soldier's/member's suicide attempt or the completed suicide of a loved one, the experience is more complex. Eventually grief will subside, acceptance will be gained and people will be able to move on with their lives.

**Children and youth require attention during times of grieving as well.** Grief reactions vary from child to child. Children may not understand what is going on (continue searching for their loved-one), or they may be more generally confused. They are often affected by multiple factors such as peer responses, school's recognition of the loss, religious and cultural beliefs, preexisting stressors, and Family resources. The most significant factor that children respond to is the reaction of Family members and other adults in their life (Gurian, Kamboukos, Levine, Pearlman, & Wasser, 2006; Webb, 2003). In order to help, professionals working with children and teens must consider what is the child's level of understanding, and temperament, what was their relationship with the deceased, and who will provide them age appropriate information—and when it will be given. Other factors to consider when helping older children and teens include the child's perceived changes in role expectations, dealing with any sense of injustice concerning their loss, and their desire to protect the surviving parent/Family members.

Recognizing a child's distress may be difficult, depending upon their age, ability to communicate or even their gender. Some children and youth, especially those with mental health problems prior to the event, may have difficulty coping. Symptoms of distress may linger or occur months and years after a death (or trauma). If the common reactions are prolonged in intensity and frequency and interfere with daily life skills, then it is important to refer Families/children to professional help. Services must be developmentally sensitive and age appropriate (Gurian et al., 2006; USUHS, 2007).

The same circumstances that make a loss so painful for a military unit are the very sources of opportunity for rallying support, providing comfort and creating a healing environment for those left behind. The loss of a spouse or child in any circumstance is traumatic, but when it occurs within the typically close-knit atmosphere of a military unit, the effects can be compounded. *[For details on suggested resources for Grieving refer to the end of Part V and a more comprehensive listing on the spectrum of support which can be found in Part VII. The "Operation READY Trauma in the Unit" training discusses information on grief reactions especially related to trauma and recovery of severe injury. The "Operation READY Deployment Support: Children and Youth" materials addresses children's grief reactions].*

## 5.9 Resources—Special Issues

This section contains a selective list of resources organized by topic to enable users to easily access information most relevant to each special issue. It is important to note that several of the web sites offer information/resources for a combination of health/mental health issues.

Professionals and programs/services often are able to address a range of Soldier's/Civilian's and Family member's issues through life skills seminars, education, and counseling. The special issues listed here typically require professional intervention. *[For further details about the spectrum of available resources for both professionals and Soldiers/Civilians and Family members refer to Part VII, of this guide and other Operation READY Handbooks and materials]*.

### Overview

Together, Military One Source (MOS) and Army OneSource (AOS) establishes a vast array of partnerships, and strengthens the relationship between the Active Army, National Guard, Army Reserve, and community services to develop a Family support system that can offer Soldiers, deployed Civilians, and Family members access to baseline programs and services in the geographical areas where they live. Army OneSource promotes outreach and leverages technology using a three-pronged service delivery strategy that promotes access to a "spectrum of resources."

- Facility-based services available through walk-in to any Army installation and National Guard and Army Reserve facility/center
- Telephone support available on a 24/7 basis (e.g., MOS) and
- Online resources.

Military OneSource (MOS) – www.militaryonesource.com (800-343-9647)

Army OneSource (AOS) – www.myarmyonesource.com

Army Community Service (ACS) – www.myarmyonesource.com

National Guard Family Program – www.guardFamily.org/youth

Army Reserve Family Programs – www.arfp.org

### Alcohol and Substance Abuse

**Army Center for Substance Abuse Programs (ACSAP) – https://acsap.army.mil**
Develops, administers, and evaluates Army-wide alcohol and other drug prevention, education, and training programs. Provides training materials on substance prevention and related information. Under tab "Drug/Alcohol Prevention Education, there are a range of trainings on everything from alcohol to steroid use and other drug trends, as well as command tools. This web site includes monthly and special campaign information and accompanying tools (articles, news releases, etc.) to support each theme (e.g., "protecting lives, saving futures," " buzzed driving is drunk driving"). Links to "Employee Assistance," and the clinical/treatment program which is through the local Army Substance Abuse Program (ASAP).

**Substance Abuse and Mental Health Services Administration (SAMHSA) – http://www.samhsa.gov**
Provides professionals the latest national data on substance abuse, under the tab "statistics" and topic area entitled alcohol use, prescription drugs, etc. Also available at SAMHSA Health Information Network (SHIN) national clearinghouse, "Publications Facts, Multimedia by Issue" publications are available for order (e.g., Stress and Drug Abuse, Binge Drinking); also available at http://ncadistore.samhsa.gov/catalog/issues.aspx.

**Mental Health America (formerly National Mental Health Association) – http://www.nmha.org**
Lists information on substance abuse on the organization's web site under the health and mental health information tabs.

## Child Abuse and Domestic Abuse

**Army Community Service (ACS) – http://www.myarmyonesource.com**
Offers many Family programs and Family Advocacy Program (FAP) services. Relevant prevention programs include information and class for parents and couples, play groups for children, support for expectant parent, home visiting for eligible parents of children up to age 3, respite care, stress and anger management seminars, "troop" and community workshops on violence prevention, safety education for school-age/teens, victim advocacy services, transitional compensation, and support groups. FAP serves as the POC for all reports of child and domestic abuse (law enforcement is available 24/7 for crisis) and support treatment/intervention.

**Children, Youth and Families Education and Research Network (CYFERnet) – http://www.cyfernet.org**
Provides research-based resource links on a range of Family issues. Under "Parent/Family" is a list of subtopics that links to a range of resources that address what professionals can do to support healthy relationships, raising healthy children, life stages issues, and more. A list of subtopic such as "Family Wellness" link to prevention, nutrition and health resources (e.g., "Families Eating Smart and Healthstyle - A Self Test"). Under the "Community" tab information and tools address the importance of public involvement to evaluate program initiatives (search under the tab "Community Development Tools" or "Collaborations").

**National Coalition Against Domestic Violence NCADV) – http://www.ncadv.org**
Serves as a national information and referral center for the general public, media, battered women and their children, and allied and member agencies and organizations.

**United States Department of Health and Human Services (HHS) – http://www.hhs.gov/children/**
Promotes information on the identification, prevalence, types, risk prevention, and impact of child abuse, through the HHS Child Welfare Information Gateway.

**America's Children in Brief: Key National Indicators of Well-Being, 2008 – http://www.childstats.gov/americaschildren/index.asp**
Hosts links to America's Children reports from 1997 to the present as well as other Forum reports.

## Depression

**Army Behavioral Health – http://www.behavioralhealth.army.mil**
Offers information on depression and a range of related topics (Search depression). Select "Behavioral Health News" to connect to related current articles. Reinforces the use of Employee Assistance Program and Military Family Life Consultants (MFLCs).

**American Psychological Association – http://www.apa.org**
Provides fact sheets on a range of topics such as depression, mental health disorders, alcohol and post-traumatic stress. Has a series of brochures with tips to managing stress and resilience in times of uncertainty (e.g., war on terror; tough economic times); some brochures are geared to adults and others are for parents of children of different age groups; brochures are also available at www.apahelpcenter.org.

**Mental Health America (formerly National Mental Health Association) – http://www.nmha.org**
Lists a range of topics related to depression and a variety of mental health issues on the organization's web site under the health and mental health information tabs. Under the topic "Take a Depression Screening" is a link to a confidential depression screening test.

**National Women's Health Information Center – http://www.womenshealth.gov/**
Provides reliable and current information and resources on women's health. The National Women's Health Information Center (NWHIC) offers free women's health information on more than 800 topics through their call center and web site.

**National Guard and Reserve: Knowing When to Ask for Help – www.humana-military.com/library/pdf**
Promotes information about a range of behavioral health information, counseling tools and assistance as part of a TRICARE brochure, 2008.

## Grieving

**America Hospice Foundation – http://www.americanhospice.org**
Provides a range of articles on working through grief to include topics such as "Another Death, How Much Can a Family Take," "In Times of Stress Finding Links to the Past. Also include specific information on children and grief.

**Dougy Center for Grieving Children and Families – http://www.dougy.org**
Offers peer support groups for children and young adults at centers throughout U.S. and in other countries.

**Mental Health America (formerly National Mental Health Association) – http://www.nmha.org**
Lists information on coping with loss available by topic under the health and mental health information tabs, and other information is available under "Troops and Military Families."

**NYU Child Study Center – http://www.aboutourkids.org.**
Summarizes research (in partnership with the National Institutes of Mental Health and others) to offer professionals and parents information on prevention treatment options, under the tabs research and "Trauma and Resilience Research Program," and under the "A-Z Disorder Guide." Provides a concise guide, "Caring for Kids After Trauma, Disaster, and Death," which has suggestions for parents and professionals about how to support and assist bereaved children and teens during instances of deployment, injury and death. This guide also identifies general stressors, PTSD, and other reactions to deployment.

## Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI)

**Army Behavioral Health – http://www.behavioralhealth.army.mil**
Offers various pre and post deployment health self assessments and post-traumatic stress disorder and suicide prevention information. Provides related links and information to include the PTSD/MTBI Chain Teaching Programs (search under PTSD menu), and/or access www.battlemind.org or www.army.mil (search news and PTSD/MTBI). This was program was developed by Battlemind Training System Office, and Army Medical Department and School.

**Defense Center of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) – http://www.dcoe.health.mil**
Oversees efforts for prevention and intervention for psychological health and traumatic brain injury. Offers featured articles, tips, and guidelines for professionals and Family members on screening and treatment (e.g., "Signs and Symptoms of TBI,"; "Treatment and Recovery"; "Evidence-based Clinical Guidelines") also available direct from www.realwarriors.net). Sponsors the "Real Warriors Campaign" that "promotes resilience, facilitates recovery, and supports reintegration." For information and resources the outreach center, "live chat" (866-966-1020) is available.

**Deployment Health Clinical Center – http://www.pdhealth.mil/main.asp**
Assists clinicians as a resource center on the delivery of post-deployment health care (PDH) guidelines, assessment tools, and related health conditions which are listed "A-Z" (e.g., PTSD, Alcohol Abuse, Depression). Includes PDH information for Service members and Families.

**National Center for Posttraumatic Stress Disorder – http://www.ncptsd.va.gov/**
Offers fact sheets and videos to answer questions on trauma, PTSD and a range of related information (search the" PTSD Information Center" or under the tab " Mental Health Care Providers."); and access to "Iraq War Clinician Guide" (or type in search Iraq War Clinician Guide) which contains information on traumatic stress and fact sheets: "Warzone-Related Stress Reactions: What Veterans Need to Know" and "Warzone-Related Stress Reactions: What Families Need to Know and Coping with Traumatic Stress Reactions." Specific information and fact sheets can also be found under the tab "Veterans and their Families."

**Rand Corporation – http://rand.org**
Provides research reports and other publications. Fact sheets on PTSD and TBI and related topics (search under Center for Military Health Policy Research then search "Post Deployment Stress") are available.

**Walter Reed Army Institute of Research – www.army.mil/images/MildTBI.pdf**
Addresses questions and answers regarding mild TBI and PTSD based on a 2008 research article (Hoge et al.) which lists related links. WRAIR conducts research on behavioral health and well-being that mitigate the effects of combat stressors providing assessment tools and informational products.

**WoundedWarrior Resource Center – http://www.woundedwarriorresourcecenter.com/tbi**
Provides updated information about injuries (e.g., TBI), infections, and other physical conditions that may affect service members. Has links to a range of related web sites on TBI (e.g., Injury Center – DVBIC, Brain Injury Association of America, Blast Injury FAQs - via Injury Center DVBIC). This DoD web site provides wounded Service members, their Families, and caregivers with information they need on military facilities, health care services, and benefits.

## Suicide

**Center for Health Promotion and Preventive Medicine – CHPPM-www.apgea.army.mil/dhpw/Readiness/suicide.aspx)**
Has a suicide prevention web page that list research articles, the Suicide Prevention Commanders Tool Kit (i.e., Training Manual, 2008 and Suicide Prevention Training Scenarios and related training and educational materials such as PowerPoints, pamphlets, poster, video clips, tip card), and has links to other suicide prevention resources. Also available via the Army G1, Deputy Chief of Staff – **http://www.armyg1.army.mil/hr/suicide/default.asp,** which provides guidance to command on incorporating the suicide prevention and health promotion campaign resources into local programs.

**Deployment Health Clinical Center – http://www.pdhealth.mil/main.asp**
Assists clinicians as a resource center on suicide prevention and includes a range of information and training links for professionals (e.g., American Psychological Association, Veteran's Administration, American Association of Suicidology).

**Mental Health America (formerly National Mental Health Association) – http://www.nmha.org**
Lists information on suicide, available on the web site under the health and mental health tabs. They provide a crisis helpline at 1-800-273-TALK (8255).

# PART VI: Recommended Interventions and Supports

**THESE RECOMMENDATIONS FOCUS ON WAYS TO HELP** Soldiers, deployed Civilians, and Family members address reintegration challenges and facilitate positive health outcomes, both physically and mentally.

- ★ **Consider not only how to help those Families that are struggling,** but also how to reinforce and learn from those Family members who mobilize their resources and proceed through the deployment cycle with fewer hardships. The key roles of the Family program provider primarily involve the following:
  - o Identifying the challenges and needs of Soldiers/Civilians and Family members
  - o Sharing information and providing practical support
  - o Providing emotional support (e.g., listening attentively, building their confidence, helping "normalize" their feelings)
  - o Referring and ensuring access to resources, and
  - o Providing ongoing support.
- ★ **Know that Families confront issues differently** during deployments (and redeployments) which require that their support be tailored to avoid and mitigate deployment related problems. Target some support to younger, less experienced Family members, but acknowledge that more experienced Families may also have more complex difficulties despite more time in the military.
- ★ **Recognize that just as the problems experienced by Families vary so do the severity and consequences of problems.** Family support professionals should be prepared to recognize and handle (or refer) Families that have symptoms of more severe problems.
- ★ **Work as a team with the chain of command** (rear detachment and forward leadership) to elevate the importance of involvement with the Family Readiness Group (FRG), and encourage use of services. Work with the FRG leader, or Family Readiness Support Assistant (FRSA) to share timely and accurate information, learn about unique unit issues, and coordinate briefings/trainings and workshops pertaining to reintegration with as much emphasis as possible on individualizing help.
- ★ **Stay connected with Chaplains and other faith based leaders** which are valuable assets for Soldiers/Civilians and Family members. Including Chaplains in reintegration training/services and programs enhances care and support.
- ★ **Offer topic specific briefings/trainings** to Family members for the redeployment, post deployment and reconstitution stages. Reintegration trainings and referrals to related relationship and marital enrichment programs.
- ★ **Distribute Operation READY materials** to Soldiers/Civilians, and Family members that prefer reading materials as well as identifying where information can be found electronically. *[Refer to the range of Operation READY materials and Smart Book handouts].*
- ★ **Facilitate ways to connect Families to one another and promote self-help groups or other forums.** Include Family members/Spouses from the same unit or reserve component or even from different units, to share the same informal network. Family Readiness Groups (FRGs) are a key source of support to help Family members feel understood and help validate their issues.

- ★ **Promote the importance of Soldiers/Civilians and Family members establishing and maintaining military and civilian community social connections.** The importance of this extended support cannot be underestimated. Sustaining strong relationships with others facilitates positive perspectives, in turn fostering a climate whereby neighbors "watch out" for one another.

- ★ **Reduce perceptions about stigma related to PTSD, TBI,** and related mental health issues by communicating actions that people can take to ameliorate the health consequences of traumatic experiences (e.g., provide strategies to cope and strengthen social supports). Advocate for early identification and treatment for these problems which can minimize symptoms and facilitate recovery.

- ★ **Promote early referrals for health care** and provide educational information throughout post deployment as distress symptoms may not appear until several months after the Soldier/Civilian returns from deployment.

- ★ **Raise awareness about the fact that Family members often experience psychological distress when caring for a military member dealing with post deployment issues,** encouraging them to be patient and not to blame themselves when Family difficulties arise as part of post deployment stress.

- ★ **Market the value of making healthy lifestyle choices.** Optimum health practices can prevent problems, reduce their impact if they occur, and minimize the stress associated with them.

- ★ **Build relationships with community agencies and organizations or reinvigorate existing partnerships.** It is extremely important to identify concerns, monitor Family needs, address ways to meet needs, and maintain ongoing contact with other military and civilian agencies.

- ★ **Factor in support for single Soldiers and younger Soldiers** regarding reintegration. They rely on the internet to get information and access resources. They often rely on their team leaders and chain of command for support which implies that team leaders and NCOs really need to be aware of services/trainings, and be confident about referrals.

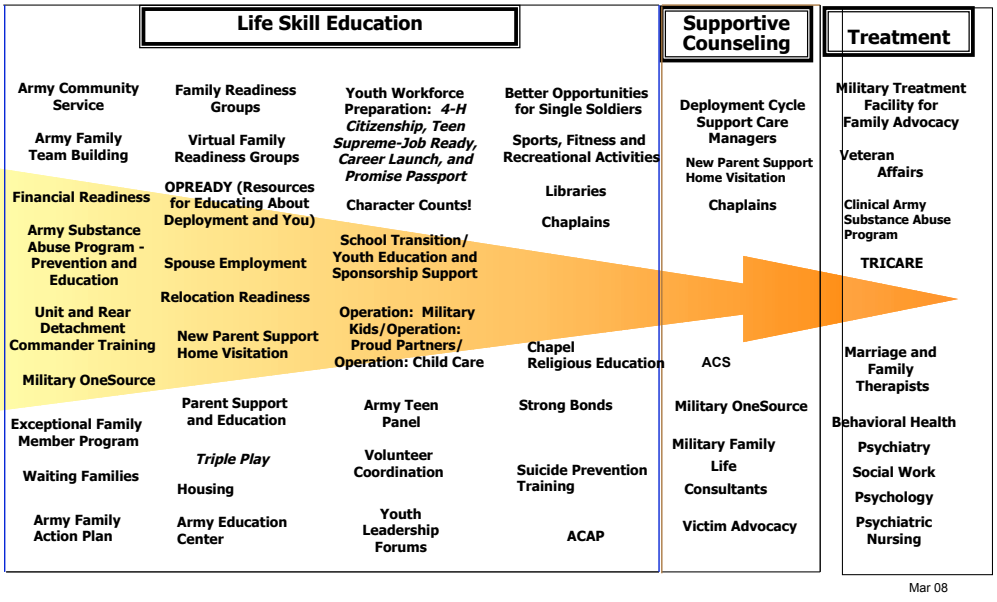
- ★ **Support and assist in prevention of Family violence.** Strengthening Soldier/Civilian and Family member confidence in seeking professional support is critical. Child abuse and domestic abuse is not an option and must be reported to Family Advocacy Program (FAP) (designated professional) or law enforcement.

**TOGETHER, MILITARY ONE SOURCE (MOS) AND ARMY ONESOURCE (AOS)** establishes a vast array of partnerships, and strengthens the relationship between the Active Army, National Guard, Army Reserve, and community services to develop a Family support system that can offer Soldiers, deployed Civilians, and Family members access to baseline programs and services in the geographical areas where they live. Army OneSource promotes outreach and leverages technology using a three-pronged service delivery strategy that promotes access to a "spectrum of resources."

- Facility-based services available through walk-in to any Army installation and National Guard and Army Reserve facility/center
- Web sites that provide information and support and
- Telephone support available on a 24/7 basis (e.g., MOS).

The Army Spectrum of Counseling affords Soldiers/Civilians and Family members the opportunity to access varying degrees of information, support, education, counseling and treatment services. The information and illustration here describes this continuum of care

***Army Spectrum of Counseling***



## 7.1 Key Web Sites *[Please refer to the web sites for updates and changes]*

**Military OneSource – www.militaryonesource.com**
This DoD portal offers a toll free telephone number 1-800-342-9647) and web site with 24/7 capability for confidential counseling, to either speak to or email a master level consultant, at no cost. Assistance to Soldiers and Family members includes reintegration support, child care, personal finances, emotional support—before, during and after deployments, relocation information, resources needed for special circumstances, or private counseling in the local community.

**Army OneSource – www.myarmyonesource.com**
Official Army "one-stop knowledge portal" that offers all Army members a central point for getting information about Family programs and accessing services. A three pronged approach provides support at Army Centers, on the web, and through 24/7 telephone support (Military OneSource).

**Army Community Service (ACS) – www.myarmyonesource.com**
ACS offers a blend of quality of life programs that provide support services, education, and information. Some key ACS services are the Soldier and Family Assistance Center, Exceptional Family Member Program (EFMP), Army Family Team Building (AFTB), Army Family Action Plan (AFAP), Relocation Readiness, Financial Readiness, Employment Readiness, Survivor Outreach Services (SOS), Outreach for Waiting Families (e.g., Hearts Apart) and Emergency Assistance. The Family Advocacy Programs addresses prevention of child abuse and domestic Abuse, parent education, the New Parent Support Program (offering home visitation), stress/anger management classes, relationship support, and intervention services (e.g., victim advocacy, transitional compensation). The Mobilization and Deployment, Operation READY training materials provide a range of information regarding the deployment cycle support process. Military Family Life Consultants (MFLC) offer anonymous, short-term confidential support and situational counseling via licensed clinicians (e.g., Masters and Ph.D. level). They compliment other services by providing flexible outreach "on demand" to Soldiers, deployed Civilians, and Family members. Access is via MOS or locally through Family programs.

**[Army] Comprehensive Soldier Fitness (CSF) – www.army.mil/csf**
The Army Comprehensive Soldier Fitness program is a holistic fitness program for Soldiers, Civilians, and Army Families that focuses on five dimensions: physical, emotional, social, spiritual, and Family. The underlying premise is that when Soldiers/Civilians have the opportunity to maximize available training time, and are equipped with the skills to become more "self-aware, fit, balanced, confident, and competent," then this "total fitness" contributes to thriving in an era of high operational tempo. It is designed to promote resilience to enhance skill and performance levels. An initial online assessment needs to be completed by the Soldier/Civilian which provides links to related online trainings. Additional assessments are taken throughout one's career.

**Army National Guard – www.arng.army.mil or www.guardfamily.org**
This web site provides information, services and support to National Guard Soldiers and their Families worldwide. Phone numbers (including state FAC and FAC Specialists), links to support agencies and interactive support are available 24/7—Yellow Ribbon reintegration training initiative.

**Army Reserve Family Programs – www.arfp.org**
The ARFP web site is a one-stop portal to get connected with Army Reserve Family support information, resources, education, training, awareness, outreach, information, referral, and follow-up. Phone numbers, links to support agencies and interactive support are available 24/7 to include reintegration information and support.

**Soldier and Family Assistance Center (SFAC) – www.myarmyonesource.com**
Provides tailored integrated support services while serving as an information broker/ clearing house in a location proximate to Warriors in Transition (WT) and their Families. These services are to equip and aid Warriors in making life changing decisions as they transition either back to duty or to civilian life. The virtual SFAC (vSFAC) is a web-based system that offers information and support, and especially helpful for Family members who are not located near an installation/facility. There are multiple links to other resources such the Army Wounded Warrior Program and Military Home Front as well as direct links to local SFACs.

## 7.2 Selective Resources for Professionals

**Army Behavioral Health – www.behavioralhealth.army.mil**
This web site has information for Soldiers, their Families and the public on how to help Soldiers deal with the stress of war, and Q&A that help assess behavioral-health needs before, during and after deployments; Pre and post deployment health self assessments, post-traumatic stress disorder, and suicide prevention; Soldier's Battlemind training I and II, Battlemind for Family members and links to fifteen video resources covering a variety of topics that are helpful for Soldiers, Family members, children and professionals (http://www.battlemind.army.mil).

**Army Center for Health Promotion and Preventative Medicine (CHPPM) – chppm-www.apgea.army.mil**
The CHPPM mission supports health promotion and wellness for all aspects of the changing Army community anticipating and responding to operational needs to a changing world environment. They have professional resources to include Suicide Prevention resources and training materials; deployment health guides and related topics.

**Army Center for Substance Abuse Programs (ACSAP) – https://acsap.army.mil**
The ACSAP program develops, administers, and evaluates Army-wide alcohol and other drug prevention, education, and training programs. Provides training materials on substance prevention and related information. Under tab "Drug/Alcohol Prevention Education, there are a range of trainings on everything from alcohol to steroid use and other drug trends, as well as command tools. This web site includes monthly and special campaign information and accompanying tools (articles, news releases, etc.) to support each theme (e.g., "protecting lives, saving futures,"" buzzed driving is drunk driving"). Links to Employee Assistance, and the clinical/treatment program which is through the local Army Substance Abuse Program (ASAP).

**American Red Cross – www.redcross.org**
Rapid communication, personal and financial assistance for emergency leave and disaster assistance available 24/7. Services via phone contact (1-877-272-7337), internet connectivity, and a Welcome Home guide for Families (1996) that addresses how to make a smooth transition when military members return home. A post deployment workshop is available (as of October 2008 in 16 states and WDC and is planned to all states by Summer of 2009) entitled "Coping With Deployments: Psychological First Aid for Military Families."

**Chaplain and Unit ministry team –** The Chaplains and the Unit ministry team offer counseling support, conduct training/workshops on a wide ranges of issues, and serve as referral contact especially for Soldiers and Family members in distress (e.g., serve on crisis response teams). They also sponsor marriage retreats (Strong Bonds (www.strongbonds.org) or Guard and Reserve Marriage Enrichment Seminars) to help couples adjust with the challenges of deployment.

**Defense Finance and Accounting Service (DFAS) – https://mypay.dfas.mil/mypay.aspx**
The MyPay web site gives each Soldier and their Family access to information about the Service Member's money 24 hours a day from anywhere in the world. After signing up for a personal PIN number there will be a list of options from which to choose such as the ability to view and make changes to your account, printing and saving LES's, viewing and printing tax statements, making changes to federal and state tax withholdings, updating bank accounts, electronic fund transfer information, and certificates of eligibility, plus "Hot Topics" with helpful, up-to-date information.

**Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) – http://www.dcoe.health.mil**
This DoD web site brings together nine directorates and six component centers (e.g., Center for Traumatic Stress, Defense and Veterans Brain Injury Center, Deployment Health Clinic Center) through a collaborative global network to maximize opportunities for warriors and Families to promote resilience, recovery for TBI and psychological health and reintegration. They "oversee and facilitates prevention, resilience, identification, treatment, outreach, rehabilitation and reintegration programs for psychological health and traumatic brain injury." This site provides a portal to a range of health issues (under Resource tab). Search for newsletter, DCoE in Action" which highlights special topics.

**Department of Defense's Military HOMEFRONT – www.militaryhomefront.dod.mil**
This official Department of Defense portal provides information for all Service Members and their Family members, service providers and leaders relevant to quality of life information, programs and services.

**Deployment Health Clinical Center – www.pdhealth.mil/main.asp**
A DoD web site, PDHealth.mil, was designed to assist clinicians in the delivery of post-deployment healthcare by fostering a trusting partnership between military men and women, veterans, their Families, and their healthcare providers to ensure the highest quality care.

**DeploymentKids.com web site – www.deploymentkids.com**
DeploymentKids web site offers ideas for kids journaling, a time zone chart, and a distance calculator, among other things.

**Department of Veteran's Affairs – www.va.gov**
The web site operates a system of 232 community based counseling centers providing readjustment counseling and outreach services to all veterans, and their Family members for military related issues. Information and booklets on VA benefits and programs for disabled veterans are available on their web site. The Department of Veterans Affairs' publication entitled Federal Benefits for Veterans and Dependents can be accessed on the web at www1.va.gov/opa/vadocs/current_benefits.htm. For detailed information on survivor benefits, visit the Veterans Affairs' Survivors Benefits web site at www.vba.va.gov.

**Military Child Education Coalition (MCEC) – www.militarychild.org**
MCEC identifies the challenges that face the highly mobile military child, increases awareness of these challenges in military and educational communities and initiates and implements programs to meet the challenges. MCEC offers workshops for parents at various installations.

**Military Spouse Career Center – www.military.com/spouse/fs**
A DoD web site that has a variety of articles on everything from deployment to personal finance and childcare. A connection to other resources and links on additional topics of concern to military Spouses and Families as well as an e-newsletter are available.

**My Hooah 4 Health – www.hooah4health.com**
U.S. Army health promotion and wellness web site, Hooah 4 Health, is a health promotion partnership that allows individuals to assume the responsibility to explore options and take charge of their health and well being. Topics cover the personal-physical, material, mental, and spiritual-state of Soldiers, civilians, and their Families as well as focuses on areas concerning the deployment cycle such as Soldiers returning from a combat zone and reintegration.

**National Child Traumatic Stress Network (NCTSN) – www.nctsnet.org**
The NCTSN is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Resources are available for Educators, Family Members, Mental Health and Medical Professionals with a specific section pertaining to and for Military Children and Families. Some of the topics include deployment-related stressors such as parental separation, family reunification, and reintegration as well as welcoming home a parent who returns with a combat injury or illness, or of facing a parent's death.

**National Center for PTSD (NCPTSD) – http://ncptsd.va.gov**
Information and resources to advance the clinical care and social welfare of U.S. Veterans through research, education and training on PTSD and stress-related disorders are accessible for Veterans and their Families, and service providers. Key resources currently available: "Returning from the War Zone: A Guide for Families,""Returning from the War Zone: A Guide for Military Personnel,""Iraq War Clinicians Guide," and "The New Warrior - Combat Stress and Wellness" video (i.e., video discusses actions that can be taken to prevent chronic mental health problems for Service members who have been exposed to combat and war zone-related stress). A range of related information can be found under the tabs "Mental Health Care Providers" and "Veterans and their Families."

**National Military Family Association (NMFA) – www.nmfa.org**
Dedicated to providing information to and representing the interests of family members of the uniformed services by providing extensive information for military families and those who service them. Fact sheets are offered on a variety of topics, including Benefits for Survivors of Active Duty Deaths and Resources for Wounded or Injured Service Members and their Families. Both the web site and fact sheets provide detailed information and links to additional resources such as Resources for Parents, Teachers, and Family Support Professionals and Coming Home—Families and War.

**Operation Military Child Care – www.childcareaware.org**
A Department of Defense initiative to help Families/child care guardians of geographically dispersed active duty personnel and mobilized National Guard and Reserve find affordable child care options in their local communities. Under this initiative, reduced child care fees are offered at licensed child care providers.

**Operation Military Kids – www.operationmilitarykids.org**
Army Child and Youth Service, National 4-H Headquarters/USDA, and land-grant Universities throughout the U.S. collaborate. This partnership with local organizations serving youth establishes networks that connect and support the youth of mobilized National Guard and Reserve Service Members. Through these community support networks, military youth receive a wide range of recreational, social, and educational programs in communities where they live. These include opportunities to participate in a range of programs, gain leadership, organizational, and technical skills by participating in the Speak Out for Military Kids program or Mobile Technology Lab programs, receive assistance with school issues by connecting with Army Child Youth and School Services School Liaisons—More on School Transition Support, attend single day or weekend camps and meet other youth who are also experiencing deployment.

**[Suicidology Organization] American Association of Suicidology – www.suicidology.org**
An education and resource organization dedicated to the understanding and prevention of suicide. Hosts conferences, provides various links to other websites as a source of further information regarding suicidology and mental health, and offers books such as the SOS-Handbook for Survivors of Suicide which is a pocket-sized, quick-reference booklet to help suicide survivors cope with grief.

**Strategic Outreach to Families of All Reservists (SOFAR) – www.sofarusa.org/about_sofar.html**
SOFAR is a nonprofit program that connects military Families with clinicians who provide free mental health services. Founded in 2003 in the Boston area, the program has expanded with one chapter in Michigan and two more chapters to be launched in 2008 in New York and Florida. The program tailors mental health services to the Soldiers and the primary focus is on the extended Families of Army Reserve and National Guard Soldiers. SOFAR seeks to help military Families develop realistic expectations about the process of rehabilitation and reintegration that Soldiers undergo when they return from war.

**Surviving Deployment – www.survivingdeployment.com**
This web site hosts a variety of information and resources for military Families which consists of an assortment of articles on deployments, listing of books, multiple links and resources for Families to include Military Family and Deployment Web sites, U.S. Armed Forces Websites, news sites, and a section of deployment information and ideas just for kids.

**[Veterans Affairs and DoD] afterdeployment – www.afterdeployment.org**
It was designed by the Department of Defense and the Department of Veterans Affairs as an alternative to face-to-face counseling to decrease stigma and provide access to care to those who do not live near a Military Treatment Facility. This web site was launched as a behavioral health portal to focus on "self checks" and online workshops which help assist with understanding concerns related to post deployment, for all Service members, Veterans, and their Families. The self checks topics include area such as sleep, seeking spiritual fitness, dealing with depression, handling stress, overcoming anger, etc.

**Virtual Family Readiness Group (vFRG) – www.armyfrg.org**
Provides the functionality of a traditional FRG in an ad hoc and on-line setting to meet the needs of geographically dispersed units and families across all components of the Army. The vFRG links deployed Soldiers, Families, FRG leaders, unit commanders, rear detachments, and other Family readiness personnel.

**Uniformed Services University of the Health Sciences (USUHS) – http://www.usuhs.mil/psy/ or Center for the Study of Traumatic Stress – www.centerforthestudyoftraumaticstress.org**
The Center conducts research in partnership with USUHS and provides information on preparing and responding to and recovering from trauma. The Courage to Care project is an electronic, health promotion and deployment campaign that offers fact sheets for professionals and Families related information. There are other materials related to response and recovery from trauma related events. The Joining Forces: Joining Families Newsletter through (USUHS) brings timely topics on Family violence to the field.

**U.S. Army Wounded Warrior Program (AW2) – www.aw2.army.mil**
Assistance to Families who have a Wounded Warrior toll-free 800-237-1336. This is the official U.S. Army program that assists and advocates for severely wounded, injured, and ill Soldiers/Civilians and their Families, wherever they are located. This site provides a wealth of information pertaining to the Wounded Warrior Program and opportunities that exist for the Wounded Warrior. It also offers multiple listings of links and resources available to the Wounded Warrior and Family for assistance to include, but not limited to Career and Education, Benefits, Information for Family/Spouse/Child/Caregiver, and Government and Military resources.

**Zero to Three – www.zerotothree.org**
Offers evidence based information and resources for professionals and parents on how to nurture young children's development. Many topics of interest include information and tips on helping children/parents; select "Military Families." Coming Together Around Military Families is a project that plans to accomplish increased collaboration, awareness and specialized training support for primarily twelve targeted installations and two military hospitals, to strengthen resilience of young children and their Families who are experiencing deployments. This web site displays mini-articles that focus on self-care, relocation, pre-deployment, deployment, and post deployment. Brochures topics describe tips that emphasize ways to support babies and toddlers on topics such as: stress, relocation, deployment tips to stay connected, redeployment support, predictable routines, self care, and building an emotional safety net. Other materials include an activity Book, entitled "Over There." Articles and handouts provide practical guidance on nurturing babies and toddlers: "Little Listeners in an Uncertain World," and "Healthy Minds.

## 7.3 Selective Book List

**Armstrong, Keith, Best, Suzanne, and Domenici, Paula (2006). *Courage after fire: Coping strategies for troops returning from iraq and afghanistan and their families.* Berkeley, CA: Ulysses Press.**

Courage After Fire offers Soldiers and their Family members a comprehensive guide to dealing with the all-too-common repercussions of combat duty, including posttraumatic stress symptoms, anxiety, depression, and substance abuse. Contains helpful guidelines for health professionals, members of the clergy and counselors.

**Matsakis, Aphrodite (2007). *Back from the front: Combat trauma, love and the family.* Baltimore, MD: Sidran Institute Press.**

Dr. Matsakis has some thirty years of clinical experience with male and female combat veterans and their spouses and partners, and children. The first three chapters of this book describe combat trauma and its possible effects on the veteran. The remaining chapters focus on some of the most common problems confronting veterans and their Families, such as emotional distancing, sexual difficulties, anger, grief, guilt, and Family violence. There are also chapters on suicide, children, women veterans, and military couples.

**Pavlicin, Karen M. (2003). *Surviving Deployment: A guide for Military Families.* Saint Paul, MN: Elva Resa Publishing.**

Personal stories and practical ideas to guide Soldiers and Family members through all aspects of deployment.

**Paulson, Daryl S., and Krippner, Stanley (2007). *Haunted by combat: Understanding ptsd in war veterans including women, reservists, and those coming back from Iraq.* Westport, CT: Praeger Security International.**

The book provides an overview of the various evidence-based and alternative approaches to the treatment of PTSD, with a holistic focused approach— "PTSD is a biologic, psychological, social, and existential phenomenon that exists on a continuum of predisposing, precipitating, perpetuating, and protective elements in each veteran's experience." This book covers the history and phenomenology of PTSD, its treatment, and the unique factors faced. The authors convey debilitating signs and symptoms of PTSD while encouraging the reader to recognize and respect the adaptive function that these responses serve in the combat zone. The chapters include moving quotes and vignettes of Soldiers' own experiences from the Vietnam War to the current war in Iraq. Other highlights include the challenges of U.S. National Guard and Reserve veterans, differences between today's force and the force that served in Vietnam.

**Ursano, Robert J., and Norwood, Ann E. (Editors) (1996). *Emotional aftermath of the Persian Gulf War: Veterans, families, communities and nation.* Washington DC: American Psychiatric Press, Inc.**

Drs. Ursano and Norwood have created a unique and outstanding addition to the trauma literature. Through this excellent volume, they significantly expand our understanding of the traumatic effects of war.

# APPENDIX I: OPERATION READY Smart Book Handouts

*[The handouts listed here can be found in the OPREATION READY Smart Book, as part of the Reintegration Training section. Handouts from other sections of the Smart Book are useful tools (e.g., Trauma, Pre-deployment, Deployment Support: Children and Youth].*

A1

How Is It Going? [Redeployment—Reintegration]

Thinking About Post Deployment Stressors

Challenging First Questions

Change: Keeping Grounded—Making Choices

Helpful Negotiation Tips

Warning Signs—What to Do

Reintegration Tips for Connecting with Children

Combat and Operational Stress Reaction

Ask—Care—Escort: Suicide Prevention

# APPENDIX II: The Deployment Cycle Support

**THE DEPLOYMENT CYCLE SUPPORT (DCS)** process prepares and sustains Soldiers, deployed Civilians, and their Family members throughout the stages of deployment to enhance their overall quality of life. This is linked to the Army Force Generation (ARFORGEN) process which is used to manage the operational commitments of the Army forces to prepare, reset, and train both Soldiers/Civilians and Families who are faced with deployment in more rapid succession. The perpetual cycle of the RESET phase of preparing for the next deployment helps reduce uncertainties for Families.

In support of DSC, Army Family programs providers must continually optimize support to Soldiers/Civilians and Family members, which is exemplified in Army OneSource [AOS]. This is important to highlight because it defines a core set of services made available through coordination and partnerships between military and civilian agencies across Army components [i.e., Active, Guard and Reserve]. AOS restructures outreach and leverages technology using a three-pronged service delivery strategy so Soldiers, deployed Civilians and their Family member have access to baseline programs and services in the geographical areas where they live: Facility-based services available through walk-in to any Army installation and National Guard and Army Reserve facility/center; web sites that provide information and support; and telephone support available on a 24/7 basis (e.g., Military OneSource)].

While the DCS process defines distinct stages, it is important to recognize that Families' do not have distinct emotions and behaviors that can be compartmentalized in exactly this way. Rather these stages serve as a framework to discuss circumstances, stressors, and emotions that affect Soldiers/Civilians and Families. For example, in the post deployment stage, different emotions play out during the time of transition; everything from disappointment in the things that have changed, to relief that the Soldier/Civilian is safe, to guilt (e.g., am I doing enough—should have done this/should have done that), to the joy of being together again. This often is a time when everyone renegotiates and shares the responsibilities of their relationships, and this can be very difficult, given the many variables in their daily lives. The required focus is on proactive outreach throughout the deployment cycle, and reconnecting Soldiers/Civilians with their Families.

## DCS Stages

Throughout the DCS stages, the Army has identified specific requirements for assisting Soldiers, deployed Civilians, and Family members such as reintegration briefings and support [For additional information on the DSC directive (07 Mar )and checklist (DA Form 7631) refer to the web site: http://www.armyg1.army.mil]. The National Guard and Army Reserve "Yellow Ribbon Initiative" addresses this same readiness cycle (e.g., Pre-Alert, Alert/ Pre-Deployment equates with Train-Up and Mobilization stages). The following seven stages are defined below.

**Pre-Deployment** (Train-Up/Preparation and Mobilization) is when the Soldier/Civilian first learns that they will be deployed. The pre-deployment stage is often the time that causes the most anxiety. The Soldier/Civilian is still home, but may be working long hours in preparation for deployment. There are many changes occurring at home as Family members anticipate the departure of their Soldier/Civilian. This can be a time of frustration and high emotions as spouses and Family members are scared, worried, and fearful of

the upcoming deployment, the unknown, and the impact of having their Soldier/Civilian gone. This time is equally as difficult for the Soldiers/Civilians because as they are trying to prepare and focus on the mission, they are also fielding questions from their Families like "who will be there to take care of me while you are gone?" and "why are you always at work, this should be the time that you are spending with your Family?" This can put a lot of strain on both the Soldier/Civilian and the Family. A Family that practices on-going preparedness will experience reduced stress during this stage.

**Deployment and Employment** are the stages where the Soldier/Civilian is away from home. It is not an easy time for the Soldier/Civilian or the Family, but eventually a "new normal" will be established. The first six to eight weeks are reported to be the most difficult as the Spouse and/or Family and Soldier/Civilian try to find their own routines and coping mechanisms while separated. On the Family side it seems that anything that could possibly breakdown or go wrong does, and the Soldier/Civilian is not available to help with or talk about those challenges. The Soldier/Civilian is frustrated because he or she cannot help (or may not have the opportunity to call home) and in turn it is difficult to get into his or her "battle rhythm." Family members may have a difficult time understanding this. This can be enormously distracting for the Soldier/Civilian and may appear as lack of concern to the Family at home. Animosity and resentfulness may develop, as well as the feeling that neither Soldier/Civilian nor Spouse/Family understands the other's quandary. This can set off the "who has it worse" and "why don't you understand what I'm going through" syndrome.

Once into the routine of the deployment, fear seems to really set in as Families are on edge wondering what has happened to their Soldier/Civilian, especially if they do not hear from them or communications have been shut down. This can cause a lot of anxiety as usually the worse case scenarios are played out in their minds. For the Soldier/Civilian it can be equally disturbing and distracting wondering what is happening or going on at home. It can be very frustrating for the Soldier/Civilian and lead to many arguments if the Soldier/Civilian feels they are being "nagged" from the Family about not calling everyday as they have a mission to concentrate on and may not be able to make contact as often as the Family would like. It is so important for both sides to set realistic expectations when it comes to communication throughout the deployment and also recognize that the best laid plans for communication may break down.

**Redeployment (Demobilization)** is the time in which the Soldier/Civilian is beginning post conflict/mobilization processing in-theatre, either individually or with a unit. This redeployment is for Rest and Relaxation or return to home station (for active) or demobilization station for Reserve.

Excitement and apprehension seem to be the overriding emotions. There will be excitement about seeing one another and being home, but apprehension about the changes that may have occurred and their impact and that the reunion (when home on R&R) will be short lived. Some Soldiers/Civilians may be feeling a little additional anxiety and fearful that they are so close to getting home and that something may happen and they will not make it home. Many emotions surface during this time of transition.

**Post Deployment and Reconstitution** is also a time of stress as everyone gets reacquainted and has to adjust to a new routine once again. During these stages of deployment, the Soldier/Civilian is home readjusting to work and Family life, and Families are transitioning to having their Soldiers/Civilians home. There is an initial feeling of

euphoria as the deployment fades and normalcy in the unit and within the Family structure begins to reboot. However, this quickly may begin to turn as "realities set in and truths are told." Injuries or wartime flashbacks can impact harshly on the Family, and Soldiers/Civilians can often become withdrawn for no apparent logical reason. There are denials and tensions as discoveries are made regarding health and behavior. It is important that both Soldier/Civilian and Family both expect and understand these realities, have an understanding of how discovery is made, and know how to communicate their concerns and needs for healing or recovery.

As in the redeployment stage, excitement and apprehension seem to be the overriding emotions. There will be excitement about seeing one another and being home, but apprehension about the changes that may have occurred and their impact and that the reunion (when home on R&R) will be short lived. The Family and Soldiers/Civilians also start counting the 365 days till the next departure. Unfortunately given the optempo, sometimes reset and reintegration collide with getting ready to go again and while the Soldier/Civilian may be "home" for some time, they are away for various trainings and other operational assignments.

## RESEARCH FINDINGS—CIRCUMSTANCES OF THE DEPLOYMENT CYCLE AND THE EFFECTS

Although there is limited research information on the effect of the Soldier's and spouse's/Family member's reintegration and actual life skills functioning within the relationship upon the Soldier's return home, there are findings about long combat deployments and multiple tours to a war zone. A few highlights are listed below.

- During OIF/OEF deployment, 50% of the spouses self reported on the Survey of Army Families (SAF V) that they did well (i.e., during a deployment between 2001 and 2004). In contrast, other findings indicate that only 39% of those spouses who experienced (or were currently experiencing) a lengthy separation of 18 months or more reported coping well (Orthner & Rose, 2006). These longer deployments seemed to lead to increased reporting of marital problems and more negative attitudes towards the Army (Orthner & Rose, 2006).
- Findings from this study suggest that because Families are carrying unresolved anxieties, extreme fatigue and more concerns about Family relationships, the impact of this situation is blurring the distinct deployment stages. This is evident when some Family members indicate that although there are different stages of deployment, it is difficult to reintegrate when the Soldier is already preparing for the next deployment (Orthner & Rose, 2006).

**Findings regarding mental health issues:**

- Only 32% of Soldiers, who screened positive for mental health problems, sought professional help (i.e., doctor, mental health professional, or chaplain) within the early months after returning from deployment to Iraq (Hoge et al., 2004).
- The primary reasons Soldiers did not seek help are:
  - Stigma (i.e., over 50% of Soldiers surveyed reported concerns about "being seen as weak","might be treated differently by leadership","unit members might have less confidence in Soldier","leaders would blame Soldier for problem", or "harm career"),

  - o Difficulties accessing services (i.e., difficulty getting time off work, difficult to schedule appointment), and
  - o Negative perceptions of mental health services (i.e., don't trust mental health professionals, mental health care doesn't work, costs too much money) (Hoge et al., 2004).
- The prevalence of mental health problems has been similar across components (Active, Guard and Reserve) (Hoge et al., 2004; Hoge et al., 2006).
- A higher percentage of Soldiers have reported mental health problems following deployments to Iraq, where there has been a higher frequency of involvement in and intensity of combat operations than in Afghanistan (Hoge, 2004 and 2006).
- Thirty-five percent (35%) of OIF veterans hospitalized reported a mental health problem. (Hoge et al., 2006).
- Respondents to a National Military Family Association (2006) survey reported ongoing issues with reestablishing roles and sharing household responsibilities: "After the reunion stress—please consider adding something to the extent of learning how to share household responsibilities again. So many of us do it all while our spouse is deployed and get irritated when duties are shared again or if our spouse may unknowingly criticize the way we did something while he/she was deployed. Based on my own experience and talking with friends, this is a common experience post-deployment that many couples struggle with." Army Spouse, NMFA, 2006, p. 8
- When asked about their greatest challenges after the service member's return, forty-three percent of the respondents cited concern that the service member would have to deploy again (NMFA, 2006).
- Three quarters of those who stated they were better able to deal with subsequent deployments found counseling services to be helpful (NMFA, 2006).

**Results from a Rand report (Karney and Crown, 2007) in review of 10 years of data on marital status:**

- They did not find convincing evidence that increased stress contributed to dissolution of marriages.
- What they did find is that marriages of female Service members are at higher risk than marriages of male Service members, and enlisted marriages are more at risk than officer marriages—perhaps attributable to higher age of officers.
- Service members who marry younger and start Families sooner, are more likely to be separated from their extended Family network of social support and at least in some individuals, be more at risk for marital distress and divorce because of past history of Family of origin abuse and maltreatment.
- Another explanation for increased risk of marital discord/divorce is based on how well individuals respond to the military environment as well as other indirect factors such as health of Family members and spousal employment.

## Research Findings—Effects Of Sleep Deprivation

(APFRI, 2008; MHAT V, 2008)

This information is intended to review key issues about sleep deprivation and its effects on wellness. It does not provide an exhaustive review of the research but rather summarizes some of the findings on this important topic of study that can significantly affect Soldiers/Civilians and Family members. This subject is important because there are numerous factors that can interfere with normal sleep processes and can lead to relationship and parenting issues.

Recommendations about optimal sleep indicate that the "average person" needs about seven to eight hours of uninterrupted sleep during a 24 hour period. Lack of adequate sleep results in every day performance problems. Researchers that study this describe these performance deficits: reduced alertness, inability to sustain vigilance, memory deficits, reduced mental flexibility, slower information processing, and impaired judgment and initiative. There are other possible consequences such as increases in anger, depression, and anxiety. There is an increased health risk in part due to the release of the stress hormone, cortisol, which has an adverse effect on cardiac health (AFPRI, 2008.).

Soldiers are reporting difficulty sleeping, and sleep problems may continue as the Soldier/Civilian transitions to being home. It is difficult "to turn off" their level of vigilance and active alert state. Other issues that impact this include stress levels, mental health issues, and use of medications. A recent OIF/OEF Mental Health Advisory Team (MHAT) V Report (2008), indicates that Soldiers are complaining about the lack of sleep during deployment.

- Some degree of sleep deprivation is reported by 52% of Soldiers in theater of operations. Soldiers reporting higher levels of combat engagement also reported greater sleep loss.
- When prioritizing top concerns, 32% Soldiers reported high concern that they are not getting enough sleep.
- Approximately 12% of the Soldiers who reported no hours of sleep deprivation, versus those who reported about 2 hours of sleep deprivation 23% screened positively for anxiety, depression or acute stress.
- Soldiers reporting sleep problems are often taking medications. In sixteen percent of the Soldiers who reported taking mental health medications approximately 50% of those were for sleep problems. Relative to 2006 MHAT, primary care providers are reporting an increase in prescribing medications for sleep.

What happens to peak efficiency after 20 days of demanding continuous physical activity with varying hours of sleep?: (www.killology.com)

- 7 hours of sleep per day = 87% of peak efficiency
- 6 hours of sleep per day = 50% of peak efficiency
- 5 hours of sleep per day = 28% of peak efficiency
- 4 hours of sleep per day = 15% of peak efficiency
- 24 hours without sleep = legally drunk reactions (.10)

## KEY POINTS: Strategies for Managing Disturbed Sleep—For Soldiers/Civilians and Family Members

- Maintain a regular sleep schedule. It is important to learn to anticipate bed time and wake-up times. These times should not vary by more than one hour, even on weekends.
- Make sure your bedroom is comfortable. Pay attention to the noise level, lighting, temperature, mattress, and the décor (calming).
- Use only your bed for sleep.
- Manage interrupted sleep, or not being able to fall asleep within 20-30 minutes. Go into another room and do something relaxing until you feel ready; avoid watching the clock.
- Limit napping. Know that a 10-15 minute nap is optimal but avoid napping after 3 PM.
- Exercise regularly (but not too close to bedtime). Know that it reduces muscle tension, produces physical relaxation, and triggers the release of endorphins which create a sense of positive well-being.
- Prioritize sleep. Maintain a regular daily routine by eliminating an on-going hectic pace, instead, establish a regular routine and keep to that schedule.
- Relax before bedtime.* Find an activity that promotes sleep such as listening to music, talking with people, reading a book or watching TV (not an adrenaline rush or suspense thriller), or taking a soothing bath. Most people need at least 30-60 minutes for this transition. Some formal relaxation exercises such as deep breathing or autogenic training can also help.
- Limit alcohol use.* Know that as your body metabolizes the alcohol, the by-products actually interfere with sleep quality, and can cause wakefulness. Do not fall into the trap of using alcohol, as it is easy to become dependent on alcohol to fall asleep.
- Avoid stimulants close to bedtime.* Know that the effects of caffeine (i.e., found in sodas, teas, chocolate, energy drinks) can linger for 10-12 hours. Nicotine too close to bedtime can have the same effects.
- Seek help if the sleep disturbance persists more than a few months, or if it is negatively impacting relationships, or personal well-being.

**Some of these key strategies (APFRI, 2008) also affect overall Physical Wellness (See section on physical wellness).*

## Research Findings—Influence of Deployment on Pregnant Wives

This longitudinal study focuses on maternal identity formation and role attainment for wives of military service members and active duty women (Weis et al., 2008). This study followed 421 pregnant women asking them to complete study booklets for all three trimesters. Findings:

- Women experiencing deployment of their husbands reported greater conflict with accepting their pregnancy across all trimesters than those not experiencing deployment of their husbands.
  - o They had increased difficulty accepting the discomforts and body changes associated with pregnancy.
  - o There was also greater ambivalence associated with their pregnancy for women with deployed husbands.
- Women perceiving greater emotional support from their community network had greater acceptance of their pregnancy in all trimesters.
- Women identifying their source of support as an on-base network had greater acceptance of pregnancy than women identifying their source of support as an off-base network.

These finding emphasize the importance of embedding military families in dense community networks of social relations. Even more important for effective intervention is the support from an on-base community network.

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